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A CLINICAL LECTURE.

CATARRHAL JAUNDICE.

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DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: We have here a case of jaundice. As this man walks around you see that he has jaundice. All the tissues of his body are stained by the coloring matter of the bile, which exists in the blood in undue proportion. I say all the tissues; the skin, the mucous membrane, the gums, and just so the brain, the heart, and the bones. They are all yellow. All the secretions are stained, the urine, the tears, the humors of the eye; every part of this man's body is stained with bile, excepting the contents of the bowel, and these are of a clay or putty color, owing to the absence of bile.

Jaundice is either dependent upon suppression of the bile, in which case the bile-forming function ceases and the coloring matter remains in the blood, or it is dependent upon retention and resorption of the bile. The exit of the bile through the gall-ducts being prevented, it becomes dammed up, as it were, and is absorbed by the blood.

Jaundice from suppression is comparatively rare. It is found principally under the following circumstances. In the first place, a powerful nervous influence will cause a complete drying up of the bile, just as a like cause will cause an arrest of the flow of milk in a nursing woman, just as it will cause the tears to dry up; so the bile may be entirely arrested and jaundice come on in two or three hours from suppression. Again, jaundice from suppression exists when the organic structure of the liver is seriously diseased, as in advanced fatty degeneration, when the cells are to a great extent converted into fat; also in acute inflammatory degeneration of the liver, the so-called acute yellow atrophy of the liver. Then we have jaundice, possibly from suppression, in such grave blood diseases as yellow fever; but in these cases the exact pathology of the jaundice has not been determined. It may be due to changes in the coloring matter of the blood (hæmic or hæmatogenic jaundice). Jaundice from suppression is, as I have already said, comparatively rare. In the majority of cases, jaundice is not due to torpidity of the liver, not due to non-secretion of the bile, but to the fact that the bile which is secreted cannot escape. When I meet with a case of jaundice I first ask myself, "What cause is there producing obstruction in this case?" If I can find no obstructing cause, I then begin to suspect some grave disease of the liver. The causes of obstruction are very numerous, and we shall meet with some of them as we study this case.

The symptoms of jaundice are very plain. There is staining of the tissues and the secretions, particularly the urine, which becomes dark-red, then brownish-red, and then perhaps as dark as porter, and gives, with Pettenkoffer's test (sulphuric acid and sugar), a cherry-red color, due to the presence of the biliary acids. A glance at the urine is generally sufficient to determine the presence of bile, or a small quantity may be put on a plate and nitric acid added. If

bile is present there will be the characteristic play of colors.

Here is our first patient, a jeweller. He has been troubled with his liver for several years, and for a year has had jaundice off and on. He sometimes gets entirely white. The attacks he thinks result from indigestion and taking cold. They are preceded by a slight pain in the region of the liver. He has lost considerable flesh. He has never had chills and fever. Does not drink much.

Perhaps the most common cause of jaundice from retention is catarrh of the bile ducts, resulting from attacks of indigestion, or more commonly from cold. The common bile-duct as it enters the intestine passes obliquely through the walls of the duodenum.

When a person gets a slight attack of gastro-duodenitis, an acute catarrhal condition, which might follow a little indigestible food or taking cold, the mucous membrane of the duodenum becomes swollen and closes the mouth of the duct, or the inflammation may extend to the bile ducts, producing gastro-duodenal hepatic catarrh, and causing obstruction to the flow of bile by the swelling of the mucous membrane. This is, of all the conditions causing jaundice, by far the most common. When a man has had it once, he is very liable to get it again, unless the first attack has been perfectly cured. This man appears to have had such a condition of affairs.

Catarrhal icterus is accompanied generally by nausea, vomiting, some little diarrhœa and pain in the epigastrium. After this has lasted for a few days, the stools become pale (devoid of bile), and the conjunctiva a little yellow. The diarrhœa may or may not continue. As the case advances, the jaundice deepens, the stools become less in number and jaundice may occur. We then have a fully developed case of icterus. This may be a single acute attack, which will in a short time end in recovery under judicious medical and hygienic treatment, great care being taken to prevent exposure to any depressing cause, particularly changes of weather and damp, the use of counter-irritation over the liver, the employment of alkaline laxatives, particularly sulphate of soda in the form of Carlsbad water (Rochelle salts will do almost as well), a very restricted diet, and, in addition, some alterative astringent, as bismuth, calomel in small doses, the salts of silver, or, if the irritation is slight, the mineral acids (nitro-muriatic). Under this treatment the attack usually passes over in ten days or two weeks; but it leaves a spot very liable to relapse, so that after a man has had one attack he frequently has several. I have often seen patients who for five or six years had spells of jaundice at intervals of a few days, a few weeks, or perhaps a few months, brought on by inconceivably trifling causes. There is in such cases a chronic thickening of the mucous membrane of the bile-duct. Picture to yourselves a man with chronic nasal catarrh, a chronic thickening of the Schneiderian membrane. Let such a one stand in a draught or get his feet wet, and within half an hour his head will be completely stopped up. It is the same way in the bile-ducts, the slight swelling obstructs the flow of the bile and causes jaundice. Chronic catarrhal icterus is one of the commonest sorts of jaundice. In these cases, careful attention to dress, diet, and hygiene, continued counter-irritation, guarding the hepatic zone with a flannel belt, the prolonged use of the drugs that I have mentioned, combined with Carlsbad water, or some preparation of alkaline salines, will usually result in a cure.

The most useful of all alteratives is nitrate of silver. I use it with great confidence, carrying it as far as I think safe.

As to the mode of administration, I think that its value is so well recognized by the profession that it is not necessary to speak of that. The dread of the laity is discoloration of the skin from the use of nitrate of silver. The only cases in which I have seen discoloration is where the drug has been taken for a long time for epilepsy. In three instances (the only ones that have occurred in Philadelphia for a long time, two of these were wives of physicians), the patients had gotten hold of old prescriptions containing nitrate of silver, and had taken it continuously for from three to eight years. I have never had a case of argyria in my own practice, although I prescribe nitrate of silver very constantly. I know of no drug more useful in chronic irritation of the gastro-intestinal mucous membrane, and chronic irritation of this membrane is the most common malady that we have to treat in this climate. I give the drug in pill form, in divided doses, guarding it, if the bowels are loose, with opium, or, if the bowels are constipated, associating with it a little belladonna, and sometimes adding to the belladonna, nux vomica, if there are evi-

dences of atony of the muscular structure of the bowel. A favorite formula is—

℞. Extracti opii . . . gr. iij.
Argenti nitratis . . . gr. vj.
M. et ft. mas. in pil. xxiv, div.
Sig.—One thrice daily one hour after meals.

Thirty grains of nitrate of silver can be taken without any danger of discoloring the skin. According to the above formula the patient will receive three-fourths of a grain of silver daily, so that he can safely take the pills for forty days, but we shall only give it for thirty days. He will have then taken twenty-four grains. After having taken this amount he will discontinue the drug for two weeks. If there were a little constipation, I should use the following:—

℞. Argenti nitratis . . . gr. iv.
Ext. belladonna . . . gr. ij.
Ext. nucis vomica . . gr. vj.
M. et ft. mas. in pil. xxiv, div.

Before the skin becomes discolored the gums become blue. A bluish-red line appears at the junction of the teeth and gums. Just as we have a blue line in lead poisoning, so in argyria we have a similar line before the discoloration of the skin.

After giving the remedy for one month stop, and in the interval use some other remedy, of which I shall speak presently. When the use of nitrate of silver is resumed give the pills until eighteen grains of the drug have been taken, and then again stop for two weeks. In this way I have often given eighty grains of nitrate of silver in six months, and have never seen any bad results from it; not that I recommend you to give such large quantities, but in bad cases you can do so with safety.

During the intervals you must use some other remedy. Muriate of ammonia is very useful. Iodide of potassium is also very useful. I might stop here to tell you how to give this drug with the view of affecting the mucous membranes and the liver in chronic catarrhal conditions of that organ. Iodide of potassium is commonly prescribed (I suppose from fear that it will derange the stomach), to be taken in water, immediately after meals. When it is given in large doses, for constitutional syphilis, it is well to give it so, especially if it is associated with the bichloride of mercury; but if you are giving it in catarrhal disease and to affect distant organs, it is better to give it freely diluted and on an empty stomach. I would order, for instance—

℞. Potassii iodidi . . . . ʒij.
Aq. destillatæ. . . . Oj.
Sig.—A teaspoonful in half a glassful of water three times a day on an empty stomach.

It may be taken at 11 o'clock, 5 o'clock, and at bedtime, giving it as far away from the meals as is possible. The dose should be gradually increased to two, three, four teaspoonfuls, a tablespoonful, or more, according to the tolerance of the system. If this causes any irritation you will find that Apollinaris or Seltzer water will act better than pure water, or if you add a little bicarbonate of soda or even chloride of sodium to the water in which you dissolve the iodide of potassium it will act better than simple distilled water. We should give then in the interval muriate of ammonia, iodide of potassium, or the mineral acids.

Catarrhal jaundice sometimes comes on with pain. You should in such cases carefully inquire in order to determine whether or not the pain was severe enough to justify the inference that a gall stone had passed, for after catarrhal obstruction gall stones are the most common cause of jaundice from retention. If a patient passes a gall stone it may scratch the lining of the gall ducts, leaving behind a state of irritation that may cause inflammatory swelling and finally lead to a chronic inflammatory condition.

Now, as to the character of the pain produced by gall stones. It comes on, as a rule, pretty suddenly and sharply, very generally in the region of the gall bladder, extending around the base of the chest and up toward the right shoulder. Pain seated over the liver is a very constant symptom. There may or may not be soreness. There is usually nausea and vomiting. The matters vomited are at first the contents of the stomach, then mucus, and finally bilious matter. There is a feeling of weakness, the extremities become cold, the patient feels faint, and the pain may bring on a syncopal condition. The pain may last for fifteen minutes, an hour, several hours, or in cases of severity, until conquered by hypodermic injections of morphia, large doses of opium, or the inhalation of ether. After the pain passes away the patient has a sort of bruised feeling and tenderness in the epigastrium—the amount of this depending upon the amount of injury caused by the stone in its passage. If the obstruction has lasted some little time, we may find the jaundice coming on the next day, the urine loaded with bile

and the stools putty colored. It is greatly to be regretted that in all these cases a careful search is not made to find the stone in the feces.

The relations between gall stones and catarrhal icterus are very interesting and double. A gall stone may form, and passing through the gall duct, scratch the mucous membrane, and lead to a chronic inflammation, or, on the other hand, the bile may be obstructed by catarrh of the ducts, stagnate in the gall bladder, and lead to the formation of gall stones. You will not, therefore, be surprised to find the two affections frequently present at the same time. A patient with catarrhal icterus may, after he has gotten considerably better of the jaundice, have a severe attack of pain followed by the passage of three or four stones; under treatment the obstruction has been removed and the stone allowed to enter the duct. The stone may have been present before the attack of catarrhal jaundice, or it may have formed as a result of the stagnation of the bile.

Only yesterday I saw a gall stone from a lady who was under my care three or four years ago. She had had frequent attacks of catarrhal icterus, unaccompanied by much pain. It was an obstinate case, but she became much better and returned to her home. Shortly afterward she had a very severe attack, accompanied by pain, nausea, vomiting, paleness, and coldness. Her physician reported to me. I telegraphed, "search the stools." Five stones were found. She again became better, and several months passed when she had another attack and a number of more stones were passed. Day before yesterday the largest of all was passed; large, with its facets polished. It had been lying in the gall bladder for several years. All this time she had been under judicious treatment to prevent the formation of gall stones.

Whenever the patient has had pain of sufficient gravity to justify the suspicion of gall stones, search the stools every time he has an attack.

Other causes of jaundice from obstruction are tumors pressing upon the gall ducts, such as cancer, enlarged glands in the fissure of the liver, disease of the head of the pancreas, and local inflammation giving rise to induration, adhesion, and contraction. These cause obstruction to the flow of the bile through the ducts and jaundice from retention.

Now, let me again call attention to this patient. He has been complaining with his liver for four or five years. Lives in Philadelphia; does not drink much. Five years ago had a violent attack of pain, said to be due to gall stones. Soreness remained for two or three weeks. Has had more or less pain in the region of the liver. The attacks of jaundice come and go. They are brought on by taking cold and indigestion. We wish first to get rid of the jaundice. This, I think, we can do, for it is clear that there is not an impacted gall stone. When a stone is too large to pass through the ducts, the patient suffers intense pain, the jaundice is great, the urine is loaded with bile, and the stools are white, blood poisoning results, and altogether it is a very serious condition. If the stone becomes impacted in the main bile duct it soon results fatally. This man has a chronic catarrh of the mucous membrane of the gall ducts with a suspicion of gall stone.

I shall order him a diet of a very restricted character. At breakfast he can drink tea, weak cocoa, or cambric tea (milk and hot water), but no coffee, and eat some stale bread, mush and milk, and occasionally a small piece of lean meat. At 10 o'clock he can take a glass of buttermilk. At dinner, lean meat, green vegetables, spinach, stewed tomatoes, stewed celery, or canned string beans, but no dessert. With this he can take stale bread and water. At supper time, vegetables, tea, milk, or cambric tea. No rich food nor butter, and but little sugar should be given. In the evening he can take another glass of buttermilk. That will be an ample and nourishing diet, and at the same time unirritating. He will take a teaspoonful of Carlsbad salt, dissolved in half a glass of hot water, the first thing in the morning and again in the evening. I shall order him a pill containing—

℞. Argenti nitratis . . gr. ¼.
Pulv. opii . . . gr. ¼.
Ext. belladonnæ . . gr. $\frac{1}{10}$.
Three times a day.

I want now to call your attention to the importance of enlargement of the liver as bearing upon the question of jaundice from obstruction.

This man has just been admitted. His abdomen is now exposed and you see how he has scratched himself. You will frequently meet with this condition, due to the irritation and itching caused by the bile.

I have here a short history of the case, which I shall read: "J. C., moderate drinker and smoker; no venereal disease; has been sick ten weeks. The trouble began with itching of the skin, nausea, vomiting, and pain in the pit of the stomach. Before the jaundice appeared the bowels were regular, afterward they were irregular, mostly diarrhœa with white stools. Jaundice came on about a week after the first symptoms. The urine has a specific gravity of 1017, and on standing deposits amorphous urates, is loaded with bile pigment, but contains no albumen." Here is an acute attack of jaundice running on to a chronic condition.

The epigastrium is decidedly full. There is resonance below the spleen, showing that there is no enlargement of that organ. There is resonance over the lower part of the abdomen. The liver dulness begins a full hand's breadth below the margin of the ribs. It is distinctly hard to the touch all over the epigastrium. Both the right and left lobes are enlarged. Here is a case of jaundice coming on for nine weeks, with rather acute symptoms of gastro-intestinal irritation, in a young man.

What is the cause of the enlargement? The common causes of enlargement along with jaundice are chronic congestion of the liver, which often gives rise to very great enlargement, tumors of the liver—for convenience grouping them all under the name of sarcoma, though they may be malignant or non-malignant—tumors about the liver, abscess of the liver, and cystic tumors or hydatids. These are the common causes. Then we have as a cause of enlargement of the liver which does not usually give rise to jaundice, albuminoid degeneration. I should have stated under the head of chronic congestion that we sometimes have an inflammatory condition of the liver with enlargement, inflammation and hypertrophy of the inter-lobular connective tissue not followed by contraction (hypertrophic cirrhosis).

These then are the conditions of which you have to think when you come across a case of jaundice with enlargement of the liver. It is usually easy to distinguish between them, as they occur under different conditions and in different sorts of patients. Albuminoid degeneration is a constitutional disease, and usually the spleen and kidneys are also affected. There is enlargement of the spleen and albuminuria from implication of the kidneys. It occurs in patients who are for the most part old syphilitic cases, or else have had long standing pus discharges from some source; old phthisical patients, subjects of long standing chronic bronchitis; necrosis of the bones, long and copiously discharging fistulæ, patients saturated with syphilis, these are the cases that get albuminoid livers. In this disease the liver is large but retains its natural outline; it is not tender; the spleen is also enlarged. Jaundice is not common, but on the other hand dropsy is very common, usually ascites.

This man has had no venereal disease and no discharge of pus. This has come on acutely, with pain and jaundice. There is no affection of the spleen and no albuminuria. We may safely say that he has not albuminoid degeneration of the liver.

Tumors, cystic or solid. We determine the presence of these for the most part by finding that there is a distinct prominence which is separable from the general mass of the liver. You may come across cases in which carcinoma of the liver is infiltrated. The liver becomes enlarged and retains its outline, but there are scattered through it many (perhaps hundreds) nodules of carcinoma from the size of a pea to that of an English walnut, none of them, however, being large enough to cause a distinct tumor. This is a rare condition and is much harder to distinguish than that in which there is a nodule projecting from the surface of the liver. The first thing to determine is whether or not the enlargement of the liver is regular. In this case it is regular and uniform. There is apparently no cystic nor solid tumor, unless it is a case of infiltrated neoplasm. His age is against the idea of cancer, for it is very rare to have cancer of the liver in such young subjects, although I have the specimens from a man scarcely older than this one who died from an infiltrated cancer of the liver. Again the attacks come on acutely with symptoms of gastro intestinal irritation, and then came jaundice.

There is no tumor that fluctuates as a cystic tumor would, and then these tumors do not usually give rise to jaundice.

We now come to abscess of the liver. This is one of the most delicate points in the consideration of jaundice—the existence or non-existence of abscess of the liver. It brings us to consider the question of fever as associated

with enlargement and pain. In a case of enlargement the question arises, Is it associated with fever or not? You ask the patient, "Do you have creeps, then fever, followed by sweats?" Usually, "No, not at all," will be the answer. This patient has had no fever. His skin is cool, the pulse is good. Let me say in passing, that you very often find that the presence of bile in the blood makes the pulse slow. This man's pulse is 48 in the minute. This is not at all uncommon.

I should sharply divide those cases in which there is fever from those in which there is no fever. Malignant disease is unaccompanied by fever. Hypertrophic cirrhosis and simple chronic congestion have no fever, but abscess of the liver has fever of a hectic character. Catarrhal inflammation with obstruction of the ducts and damming up of their contents, leading to disorganization of the retained matters, is accompanied by fever, and in these cases the liver becomes so congested that we have enlargement of the organ. Abscess and chronic catarrhal inflammation with decomposition of the bile give rise to fever. Other causes of enlargement do not produce fever. You see, therefore, the importance of determining the presence or absence of fever.

This man says that he has no fever, consequently that would be a strong point against abscess. I will not say that it absolutely dismisses abscess, for sometimes there may be latent abscesses of the liver. I must say a word to you on this point. There are several parties to-day who assert that latent abscess of the liver is a common condition, that it exists in many persons, and that many hypochondriacs have latent abscess of the liver. My own experience, both in hospital and private practice, and that of the bulk of the profession is against the prevalence of hepatic abscess, and very strongly against the existence of hepatic abscess without distinct symptoms of abscess. Latent abscess may exist in very rare instances, but I am satisfied that these cases are most exceptional. It is certainly most unjustifiable to stick trocars into a man's liver under the idea that he may have a latent abscess. It will, as a rule, do no harm, I admit, but I think that we should not tap the liver unless there are symptoms leading us to suspect an abscess.

At a subsequent lecture I shall give you an opportunity to again see these patients.

SELECTED ARTICLE.

THE PRESIDENT'S ADDRESS.

DELIVERED BEFORE THE THIRTY-SEVENTH ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION, TUESDAY, MAY 4, 1886.

BY WILLIAM BRODIE, M.D., OF DETROIT, MICH.

GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION: With great pleasure I congratulate you on your coming together to renew old friendships, to make further acquaintances, and to add to the general storehouse of medical information, thus demonstrating to our fellow-citizens that the medical profession are not only interested in its own welfare, but also in theirs. . . .

It is my purpose in addressing you at this time to confine myself chiefly to matters pertaining to the progress, interest, and welfare of this association. Although I may seem to tread in the footsteps of my predecessor, Dr. Flint, in his address at Washington, and the subject may seem familiar, yet I have an entirely different object in view.*

When the first national meeting of the profession, under the call of the New York State Medical Society, was held in the city of New York, May 5, 1846, Dr. I. Hays, of Philadelphia, moved, and it was resolved, "That it is expedient for the medical profession of the United States to institute a National Medical Association for the protection of their interests; for the maintenance of their honor and respectability; for the advancement of their knowledge and the extension of their usefulness." Upon this broad foundation has arisen the largest representative medical association known in history.

At this gathering one hundred and twenty medical men met in consultation. They fully endorsed the resolution presented by Dr. Hays; they also recognized the necessity of a united profession, and in order to attain this great end they resolved that a committee of three members should be appointed to report a plan of organization at a future meeting, to be held in Philadelphia the first Tuesday in May, 1847.

They also recognized that a uniform and elevated standard of medical education should

*See Organization American Medical Association, Preliminary Volume.

be adopted by all the medical schools for the degree of M.D. in the United States, and to properly present this question to the profession and the schools they appointed a committee to report at the same time.

They also recognized the fact that men were being educated who had received no suitable preliminary training, and they appointed a committee to report a standard of requirements which should be exacted of such young men as purposed entering upon the study of medicine.

They also recognized that principle was one thing, and conduct another, and that the golden rule, however sound and correct, failed in practice; that, however good the intention, experience had shown that written rules and regulations were of much more binding force than abstract reasoning and even Divine Law. They therefore deemed it essential that the entire medical profession in the United States should be governed by the same Code of Ethics, and to that end a committee was appointed to report.

The question of the union of teaching and licensing in the same hands was also considered. It was believed to be wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on medical colleges and State and county medical societies (as was then the custom), it was deemed best that it should be restricted to one board in each State, a principle now fully recognized and practically carried out by the State of Illinois. This was also referred to a committee to report.

The subject of urging upon the several State governments the adoption of measures for a registration of marriages, births, and deaths, was favorably considered, and referred to a committee.

They also considered the necessity of a proper nomenclature of diseases, adapted to the United States, with reference to a general registration. This was also referred for report.

According to the best information I can obtain, only four of these pioneers of this association are now living. To them this association owes a debt of gratitude which can never be paid. Of these four, two have been honored by the presidency—Dr. A. Stillé and Dr. N. S. Davis. Drs. Alonzo Clark and Lewis P. Bush are the other two. All have reached their three-score years and ten.

The convention of 1846 adjourned to meet in Philadelphia, May 5, 1847. Twenty-two States and the District of Columbia were represented at that meeting by two hundred and forty-seven delegates. Considering the modes of travelling at that day it was a large representation of the profession of our country, and again showed the interest in the organization of this association. At this meeting the report of the Committee on the Organization of the American Medical Association was adopted, Dr. John Watson, of New York, chairman, and, what is remarkable, stands with but slight changes as the present constitution.

The report of the Committee upon a Uniform and Elevated Standard of Requirements for Graduation in Medicine, which was adopted, called the attention of the profession to the necessity of a more rigid examination and a higher degree of preliminary education. The Educational Department at once recognized the value of the suggestion, and to-day we find the medical schools giving more attention to the quality of their graduates than to the numbers of those who receive from them the degree of M.D.

The report of the Committee on Preliminary Education aroused the attention of both the private preceptors and the medical schools to the deficiencies of young men desirous of entering the profession. The time had come when the demand for medical men with a modicum of preliminary education was less than the supply. By means of the system of common schools, academies, colleges, and universities, the people themselves were more highly educated. Men entering into the learned professions readily observed that, in order to gain the respect of their patrons, who were educated, they themselves must also be educated. This report at once gave a stimulus in the proper direction, and from that day to the present, preliminary acquirements of a higher standard are required by all medical colleges which have any regard for the standing of their graduates. Education is the requisite of a gentleman, and no one should be allowed to enter the portals of the medical profession who has not that qualification.

The committee, under the resolution that it is expedient that the medical profession should be governed by the same Code of Medical Ethics in this country, founded their report on the "basis of religion and morality," which comprised not only the duties but also the rights of

a physician. The high character of that committee, their age and experience, fully qualified them for the delicate duty imposed upon them. Time has fully proved the wisdom of that report.

The Code of Ethics as adopted has stood the test of nearly forty years, and for more than nine-tenths of the regular medical profession of these United States constitutes their rule of action and professional government.

Even those styling themselves eclectics or homœopathists, have copied its principles in their constitutions, and made it the basis of their relations to one another and to the public. The government of the United States is based upon a written constitution; States and municipalities are governed by the same principles. The doctrines of majorities as thereby inculcated governs the action of organized society in its minute ramifications; the medical profession is no exception. We meet here to-day upon this broad principle, and what is most remarkable, of every State medical society, county society, or local organization which has adopted the Code, only one has repudiated it and entered upon the role of a solitary minority —I allude to the Medical Society of the State of New York, from which came the invitation in 1845, for the preliminary meeting that gave birth to this association.

To their honor be it written, the majority of the profession of that great State repudiated the action of their State Medical Society, and it now has the unenviable position of being solitary and alone in its opposition to the Code of Ethics. The reason for this defection was so manifestly financial that its influence did not extend beyond its own jurisdiction. It is through its Code that this association represents the whole body of the medical profession throughout these United States, as the American Congress represents the people of the same.

Could those wise men who framed this Code be here present with us to-day in this hall, and witness your presence, they would say, like one of old, "Now lettest thou thy servant depart in peace." But one of that committee is now living.*

In no one subject are the people of our country more interested than in that of medicine, and no profession is more respected.

Educated as the large majority of them are, they fully comprehend the relations of the profession. They are independent thinkers, and in their relation to the profession cannot be bought or sold. How wide the difference between this country and Europe! There a practice can be bought and sold: here a transfer is of no value, because there can be no delivery.

It has been charged that this association has failed to meet the requirements of its founders, and, instead of being a body for the advancement of scientific medicine, has degenerated into a body of "thankless intriguers and demagogues."* For thirty-nine years this association has been in existence. At its organization no other national association of medical men existed.

A few of the older States had their State societies. The county societies in those States were few and far between. In the larger cities local societies were maintained; each was independent of the others. There was no general forum where individuals could present their investigations, and, when presented, no general means of their dissemination. Could the transactions of this body be critically analyzed, the charge that scientific medicine has not been advanced by its existence would lamentably fail.

The character of the work done by the association since its organization may be well exemplified by a few selections from its Transactions:—

The essay of Dr. Dalton on the Corpus Luteum in Pregnancy, gave him a national reputation as a physiologist.—Vol. iv.

The prize essay of Dr. Austin Flint, Sr., on the Value of Pitch in Percussion, and Respiratory Sounds and their Application to Physical Diagnosis, opened a new era in the investigation of pulmonary diseases.—Vol. v.

Coxalgia, or Hip Disease, by Alden March, M.D., an ex-President of this body, gave the first impulse to the proper diagnosis of this disease, and its treatment.

The prize essay of Professor Charles D. Meigs, on Acute and Chronic Diseases of the Neck of the Uterus, laid the foundation of the department of gynæcology, and the plates illustrating his cases are copied to the present time.

The Surgical Treatment of Certain Forms of Fibrous Tumors of the Uterus, by Washington L. Atlee, M.D., opened the field for the ovariotomist.

*Alonzo Clark, M.D., New York City.

*New York Medical Journal, page 44, 1885.

The Cell—its Physiology, Pathology, and Philosophy, by Waldo J. Barnett, from original investigations, anticipated Virchow.—Vol. vi.

The new method of treating Ununited Fractures and Certain Deformities of the Osseous System, by Daniel Brainerd, would have done credit to Malgaigne.—Vol. vii.

Deformities after Fractures, by Dr. F. H. Hamilton, has become an authority at home and abroad.—Vol. viii.

Statistics of Placenta Prævia, by Dr. J. D. Trask.—Vol. viii.

The Clinical Study of Heart Sounds, by Austin Flint, Sr., M.D.

The Physiology of the Arterial Circulation and the Chief Pathological Relations, by Dr. H. Hartshorne.—Vol. ix.

Report on the Nervous System in Febrile Diseases, and the Causation of Fever by the Nervous System, by Henry Frazer Campbell, M.D., indorsed by the late Marshall Hall.—Vol. x.

Report on Moral Insanity and its Relation to Medical Jurisprudence, by D. Meredith Reese, M.D.—Vol. xi.

Report on a Uniform Plan for the Registration of Marriages, Births, and Deaths, by W. L. Sutton, M.D., laid the foundation for such record.—Vol. xii.

Report on the Influence of Alcoholic Drinks in the Development and Progress of Pulmonary Tuberculosis, by N. S. Davis, M.D.—Vol. xiii.

Report on Morbus Coxarius, or Hip Disease, by L. A. Sayre, M.D., illustrative of the fixed treatment by Plaster-of-Paris.—Vol. xiii.

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Report on Plaster-of-Paris in Surgery, by James L. Little, M.D.

Prize essay on the Treatment of Certain Uterine Abnormities, by Montrose A. Pallen, M.D.—Vol. xviii.

Report on the Best Treatment of Different Forms of Cleft Palate, by W. R. Whitehead, M.D.—Vol. xx.

Mollities Ossium, by Joseph Jones, M.D.—Vol. xx.

Prize essay, Atropia and its Salts, by Roberts Bartholow, M.D.—Vol. xx.

Prize essay on the Treatment of Aneurisms, with Experiments for the Closing of Arteries by a New Method, by Benjamin Howard, M.D.—Vol. xxi.

What Physiological Value has Phosphorus as an Organismal Element? Prize essay by Samuel R. Percy, M.D.—Vol. xxiii.

Syphilis, in its Relation to the National Health, by S. D. Gross, M.D., LL.D., Oxon.—Vol. xxvi.

A Discourse on Blood-Letting, the Lost Art, by S. D. Gross, M.D., LL.D., Oxon.—Vol. xxvi.

History of the Yellow Fever and Dengue in Texas, by Greenville Dowell, M.D.

Excision of Large Joints of the Extremities. A prize essay by H. Culbertson, M.D.—Supplement to Vol. xxvii.

Report on Animal Vaccination, by H. A. Martin, M.D.—Vol. xxviii.

Prophylaxis of Septicæmia in Surgery, by E. M. Moore, M.D.—Vol. xxix.

Surgical Anatomy and History of the Common External and Internal Carotid Arteries; Anatomy and History of the Innominate and Subclavian Arteries. A prize essay by John A. Wyeth, M.D.—Vol. xxix.

The Pathology of the Bones, by Henry H. Smith, M.D.—Vol. xxix.

Blepharoplastic Operations, by A. C. Post, M.D.—Vol. xxix.

Prize essay. Consideration of Certain Forms of Primary and (Local) Secondary Degeneration of the Lateral Columns of the Spinal Cord, etc., by Allan McLane Hamilton, M.D.—Vol. xxx.

Treatment of Fibroids of the Uterus by Means of Dry Earth, by Addinel Hewson, Sr., M.D.—Vol. xxxi.

Progress in the Knowledge of the Acute Contagious Diseases and Infection, by A. Jacobi, M.D.

Fibroid Tumors of the Uterus, by H. O. Marcy, M.D.—Vol. xxxiii.

These papers fully illustrate the character of the work done by the association since its organization. Besides the reports on Medical

Education, Medical Literature, Registration of Marriages, Births, and Deaths, Medical Jurisprudence, Hygiene and Insanity, Meteorology and Epidemic Diseases, Cryptogamic and Zymotic Diseases, Practical Medicine, Materia Medica, Physiology, Obstetrics and Diseases of Women and Children, Surgery and Anatomy, Chemistry and Psychology, Pediatrics, State Medicine, etc., scarcely a question of importance, whether in the interest of the profession or the public, has failed to receive investigation.

Before the time of this association specialities in medicine were unknown. All medical men were general practitioners. The prominence given special diseases by its reports and investigations led men to give special attention to particular diseases. The accretions of people in the larger cities developed the field for a division of general practice, and the selection of a particular branch of disease, applicable to a particular organ, was soon found to be remunerative and less toilsome. The advance of time developed the number of specialties. The first to organize a National Association were the Ophthalmologists, the leading specialty; then followed the Otologists, Gynæcologists, the Dermatologists, State Medicine and Hygiene, under the name of Public Health, the Laryngologists, the Surgical Association, and latest, the Association of Physicians and Pathologists. Some of these associations are necessarily limited in number, others have specified their limitation. All are off-shoots of this association. Each occupies a limited territory. The American Medical Association covers the whole field of medicine, and through its sections affords an opportunity to every member, whether high or low, to give to the profession any and all of his personal knowledge.

"No pent up Utica contracts its powers,
The boundless universe of Medicine is ours."

. . . It is with great pleasure that I am able to inform you that the action taken at the meeting in Washington, inviting the Ninth International Medical Congress to meet in the capital city of the United States in 1887, is being fully consummated. The general officers of the Congress and council, and the officers of the sections are gentlemen of renown in our own country, who add lustre to American medicine. Full and complete arrangements will be made for the meeting, and our foreign friends will receive a cordial welcome. Upon the reception of the report of your committee on the preliminary organization of the Congress, I believe you will find it satisfactory, and upon its adoption the further charge of the Congress will pass into the hands of the Executive Committee, as provided in rule 10, thus relieving this association of its responsibility in the matter.

As the authority of this body to act for the medical profession of the United States has been questioned, it may be proper for the information of many of the members to briefly present, in a concise manner, the relations of the association to the coming International Congress.

A medical Congress to be international must necessarily be composed of members from different nations. Eight of these Congresses have been held in Europe (if we may except the International Medical Congress held in Philadelphia, September 4, 1876), the last of which was held in Copenhagen, Denmark.

At the meeting of this association in Washington, D. C., in May, 1884, the President, Dr. Austin Flint, Sr., suggested the propriety of inviting that body to meet in this country. The suggestion was referred to a committee, who reported favorably. A committee was appointed to present the invitation. This committee was made broad, so as to represent the whole profession of the United States. The invitation was accepted. This committee was further authorized, in the event of the invitation being accepted, to add to their numbers, and proceed to perfect an organization with rules for its government. This the committee did, in accordance with custom and the rules governing the action of committees. This committee made its report to this association at its next meeting, which was in New Orleans, the 28th day of April, 1885. By this action of the committee they fully recognized their responsibility to this body, and not to the profession at large.

This report was not satisfactory, and the committee was enlarged by adding a member from each State and Territory, the army, the navy, and Marine Hospital Department. To this action the original committee demurred, and declined to take any further interest in the arrangements. That the association was correct in its action I have only to refer you to Cushing's Manual of Parliamentary Law, the authority in this country, page 154, paragraph 262. When this committee made their report,

and it was accepted, the committee was virtually discharged (page 168, paragraph 290). The report was not adopted. What had passed in the committee was of no validity. It was in the power of the association to discharge the committee from further consideration of the subject, to refer it back to them with instructions, or to enlarge the committee. The latter plan was adopted.

It was claimed that there was an ambiguity in the resolution appointing the original committee in reference to their powers and duties. Whatever that ambiguity was, the committee itself settled the question by making their report to the association, thereby acknowledging the authority of their powers and duties.

I cordially unite with the general sentiment of the medical profession that the report of your committee be adopted, and that those of our brethren who may be somewhat disappointed at results will yield their personal feelings to the common good, and by their work demonstrate to our foreign friends that, although there have been warm feelings, warmly expressed, they can rise above their personalities in the great question of medical science and national hospitality.

Gentlemen, matters of importance arising out of the ordinary proceedings of this association may come before you at this meeting, and questions may arise affecting its honor and integrity. Even the existence of this association, so dear to the hearts of the medical profession of these United States may be hazarded. Upon you as its representatives will rest its preservation. Thirty-nine years of existence has entitled it to your support. Its work and beneficent influences are on record, and speak for themselves. May I ask of you, as its President, to give careful consideration to any and all matters that may affect its interest and permanency, so that when you return to your constituency you can tell them that, although the association has been attacked by foes within and foes without, it yet stands as the representative of the American medical profession.

In conclusion, may I kindly ask of you the amenities due to the office to which you have so kindly promoted me, and your cordial support. It shall be my endeavor to be impartial, and to perform the duties of the chair according to strict parliamentary rules.

The honor of being elected by you as President of the American Medical Association is one that words cannot express. For thirty-two years I have, whether present or absent, had its interests deeply at heart, and when my term of office expires I will gladly return to the ranks with the same zeal for its interests which I felt when I first became a member in this great city of the Southwest, St. Louis, Missouri, at the meeting of the association here in 1854.—*Journal of American Medical Association.*

HOSPITAL REPORTS.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Chronic Ulcer of Leg; Operation.—Eliza L—, æt. 44, tailoress, was admitted on March 28th, with a large sloughing wound in front of the leg, extending from the upper third to just above the ankle. It began, according to the patient's account, three years ago, in a small, hard lump, near the top of the present wound. She has been married twenty-four years, and has always been in good health; no history of syphilis. The wound has been gradually, though slowly increasing in size. There is a good deal of inflammation and redness of surrounding tissue with some œdema of foot. The other foot is also œdematous. Patient does not complain of much tenderness about the wound. Urine is pale in color, acid, free from albumen. The leg was placed on a pillow and dressed with carbolic dressing. April 6th—To-day, Mr. Bloxam dissected off the indurated and projecting portion of the ulcerating surface which was intimately adherent to the tendon of the tibialis anticus. Two linear incisions, parallel with the wound, were likewise made, one on either side. The operation was performed under an anæsthetic, and, as Esmarch's bandage was used, there was very little blood lost. 11th—The wound looks healthy and granulations are forming. Five portions of cuticle were transplanted to-day by Mr. Pittard, and the usual dressing applied. 13th—The grafts appear to have taken root and some further grafts were made. 21st—The patient is making steady progress, the wound is daily becoming smaller. The surface of the ulcer was ordered to be dressed with boro-glyceride of the strength of one ounce to a gallon of water. 26th—The dressings are discolored and their smell is very offensive, but the wound ap-

pears to be getting on satisfactorily. All the grafts seem to have taken. May 10th—The wound has contracted to about one inch in width, and is nearly covered with epithelium from the grafts. 17th—Very little uncovered surface remains, and the margins are firm and healthy. June 1st—A fresh graft was applied to-day to the small portion which remains uncovered.

The condition of the wound became less favorable for a few days, but on the application of some more grafts cicatrization took place of the whole area of ulceration, and the patient was discharged on the 21st.

These chronic ulcers are very intractable, and will rarely heal so long as the edges are adherent to the subjacent structures. After remedying this state of things there is often great difficulty in inducing the epithelium to form over the whole of a large area of raw granulations, and in this case the transplantation of follicles of integument had a most favorable effect in hastening the process.

Intracapsular Fracture of Neck of Femur.—Mary N—, æt. 70, a market woman, was following her occupation in Covent Garden Market, when she was knocked over by some boys who were fighting, and fell on her right side. She was picked up by the police, and brought to the hospital on the 22d of July. An intracapsular fracture of the right femur was diagnosed, and the patient was placed on a double inclined plane. 26th—Patient is very restless, and complains of pain in the back. 30th—The effusion is subsiding, and she sleeps better. The limb was tied to the bed to prevent movement. August 10th—To-day the thigh was placed in a plaster-of-Paris case, and on the 18th the patient was able to leave the hospital. She could get about pretty comfortably with the aid of two sticks.

A great advantage attaches to the employment of means which obviate the necessity for detaining old people with this kind of fracture in bed for any period of time. The plaster-of-Paris *spica*, when solidly and comfortably adapted, insures fair position, and allows the patient to get about as soon as the shock of the accident is recovered from.

Extensive Sloughing of the Skin and Subcutaneous Tissues at Back of Right Leg, in Consequence of Contusion by a Wagon-Wheel.—Mary C—, æt. 9, was riding on the back of a wagon in the country, when, on the wagon stopping, she put her leg between the spokes of the hind wheel. On the wagon starting her right leg was crushed between the wheel and the wagon. The boot was torn off, and the whole of the back of the leg from behind the knee to half way down the calf was severely scraped by the tire of the wheel. Her mother first put on cold water rags and poultices, but on sloughing taking place she was admitted to the hospital on the 23d of September.

On admission, an extensive slough was seen on the back of the right leg, extending from about the middle of the popliteal space to midway between that spot and the heel. Another one was found about half way down the tibia. These were of a deep black color, hard to the touch, and firmly attached at the edge. Poultices were ordered to be applied. Temperature on admission 101.2° Fahr., but during the night it rose to 103° Fahr. 25th—Hot fomentations were used, but the temperature went up to 104° Fahr. The child suffered, too, from troublesome sickness, and was unable to retain any nourishment. Free incisions were made into the sloughs, and some thin, whitish pus escaped, when a fall in the temperature at once took place. 27th—Leg is being dressed with carbolic lotion. The sickness is better. The sloughs are now all gone, leaving a large sore. Extension was applied. The temperature is now not above normal. October 1st—Healthy granulations are appearing on the wounds—a back splint and sand-bags are used instead of extension. 3d—To-day some skin grafts, eight in number, were obtained from the dressers, and four were put on each wound. These were covered with protective and strapping, and the wounds dressed as usual, the foot being secured by a plaster-of-Paris bandage. 11th—The protective was removed from the grafts, all of which appeared to have taken well. The granulations over the rest of the wound were rather exuberant. Eleven fresh grafts were placed on the back of the wound, covering a somewhat extensive area. These were covered by protective and the wound dressed as before. 15th—All the grafts seem to be growing steadily, and the exuberant granulations were touched with sulphate of copper. The wounds are very considerably reduced in size. 22d—The red lotion which has lately been used has irritated the surface of the wound and killed some of the grafts, so zinc ointment was substituted. Seven more grafts were applied to re-

place the dead ones. November 3d—To check the granulations some boracic lint was applied, and pressure put on by means of a bandage, not to be moved for three days. 12th—The grafts have much increased in size. The wound is now of an oval shape, about five inches long by two in breadth, a great portion of this surface being covered by grafts. The plaster of Paris was removed and the leg placed between sand-bags. December 1st—The wound now measures one and a half by one-quarter inches, not to be redressed for a week. 10th—Patient discharged cured.

The success of the skin grafting in abridging the time necessary to the complete cicatrization of such a formidable wound, was remarkably shown here, and demonstrates how, under favorable conditions, it may be usefully employed.

THERAPEUTIC NOTES.

CHORDEE.

℞. Morphia sulph. . . . gr. iss.
Ext. hyoscyami . . . gr. iij.
Ol. theobroma q. s.
M. Ft. suppositories No. vi.
Sig.—Use one at bedtime, and whenever necessary through the night.

INFANTILE DIARRHŒA.

℞. Acidi sulphurici dilut. . . ℥ss.
Tinct. opii deod. . . . ♏xvj.
Tinct. cinchonæ comp. . ʒss.
Syrupi rubri . . . ʒj.
M. Sig.—Half a teaspoonful every two hours.

HEPATIC TORPOR.

℞. Sodii chloridi . . . . ʒij.
Sodii sulphatis . . . ʒiij.
M. Sig.—Two teaspoonfuls in water every morning.

AMENORRHŒA.

℞. Ferri sulphatis exsicc. . gr. xv.
Pulv. aloes . . . ℥ss.
Terebinthinæ alba . . gr. xv.
M. Ft. pilulæ No. xxx.
Sig.—Two pills one hour after each meal.

INTESTINAL HEMORRHAGE.

℞. Acidi gallici . . . . ℥j.
Acidi sulphurici dilut. . . ʒij.
Ext. hamamelis . . . . fʒss.
Syr. zingiberi . . . . ʒiss.
Aqua . . . . . ʒj.
M. Sig.—Dessertspoonful in water every two hours.

ROUND WORMS.

℞. Hydrarg. chlor. mite . . gr. iij.
Santonini . . . . gr. iij.
Sacchara alba . . . gr. x.
M. Ft. charta No. iij.
Sig.—One powder every four hours.

SCABIES.

℞. Naphthol . . . . gr. x.
Lac sulphuris . . . ℥j.
Ung. simp. . . . . ʒj.
M. Sig.—Apply externally.

ERYSIPELAS.

℞. Tinct. aconiti rad. . . ℥ss.
Pilocarpine hydrochlor. . gr. j.
Morphia sulphatis . . gr. ss.
Aqua . . . . . ʒiss.
M. Sig.—One teaspoonful every three hours.

POSTERIOR SPINAL SCLEROSIS.

℞. Hydrarg. bichlor. . . gr. j.
Ammonii chloridi . . ℥ss.
Aqua . . . . . ʒiv.
M. Sig.—One teaspoonful in water one hour after meals.

FUNCTIONAL DYSPEPSIA.

℞. Tinct. nucis vomicæ . . ℥ij.
Pepsinæ sacch. . . . ʒss.
Acidi hydrochlorici dilut. . ℥vj.
Syr. taraxaci . . . . ʒij.
M. Sig.—One teaspoonful in water after meals.

LARYNGISMUS STRIDULUS.

℞. Potassii bromidi . . . ℥ss.
Chloral hydrat. . . . ♏xx.
Syr. limonis . . . . ʒij.
M. Sig.—One teaspoonful every half hour.

SYPHILIS.

℞. Hydrarg. bichlor. . . gr. j.
Tinct. ferri chlor. . . . ʒss.
Aqua . . . . . ʒiiss.
M. Sig.—One teaspoonful in water three times a day.

CHLOROSIS.

℞. Acidi arseniosi . . . gr. ss.
Strychnia sulph. . . . gr. ss.
Cinchonæ sulph. . . ℥ss.
Mass ferri carb. . . . ℥j.
M. Ft. pilulæ No. xxx.
Sig.—One pill after meals.

GASTRALGIA.

℞. Liq. potassii arsenitis . . ℥j.
Tinct. opii deod. . . . ℥ss.
Aq. menth. pip. . . . ʒiij.
M. Sig.—One teaspoonful in water every four hours.

GASTRIC ULCER.

℞. Morphia sulphatis . . gr. j.
Bismuthi subnitratis . . ʒss.
M. Ft. charta No. xvj.
Sig.—One powder every four hours.

WHOOPING-COUGH.

℞. Morphia sulphatis . . gr. ss.
Quiniæ sulphatis . . . ʒj.
Acidi hydrochlorici dilut. . ʒss.
Syr. limonis . . . ℥vj.
M. Sig.—One teaspoonful in water four times daily.

APTHÆ.

℞. Tinct. coptis . . . . ℥ss.
Tinct. cinchonæ comp. . . ℥ss.
M. Sig.—Apply thoroughly three times a day.

ECZEMA CAPITIS.

℞. Acidi carbolici . . . gr. ij.
Hydrarg. oxidi rubri . . gr. iij.
Bismuthi subnitratis . . ʒij.
Lanolini . . . . ʒiv.
M. Ft. ungt.
Sig.—Apply externally twice a day.

PURPURA.

℞. Strychnia sulphatis . . gr. ⅓.
Quinia sulphatis . . gr. xvj.
Acidi sulphurici dilut. . ʒss.
Aqua . . . . ℥iss.
M. Sig.—One teaspoonful, well diluted, every six hours.

RHUS POISONING.

Dr. J. B. Johnson (Medical and Surgical Reporter) says: The treatment which I always adopt, and have never known to fail, is as follows:—

℞. Hyposulphite of soda . . ℥j.
Aqua destil. . . . . ℥viij.
Carbolic acid . . . ʒiss.
Glycerine . . . . ℥ss.
M. Sig.—Shake well, and use as a wash three or four times a day, or as often as necessary.

At the same time that I order the wash I prescribe for internal use:—

℞. Iodide potassium . . . ʒij.
Aqua destil. . . . . ℥vij.
Syrup . . . . . ℥j.
M. Sig.—Dose, a tablespoonful four times a day (after eating and at bedtime).

I consider the internal use of the iodide of potassium of great benefit in the treatment of rhus poisoning, and these prescriptions usually promptly cure my patients without the necessity of repeating them. It is said that the rhus owes its poisonous properties to an acid which it contains, and this external and internal alkaline treatment neutralizes that acid, according to my experience.

URETHRITIS.

℞. Tinct. gelsemii . . . ʒss.
Potassii bromidi . . . ʒiiss.
Potassii bicarb. . . . ℥ss.
Aqua . . . . . ℥iv.
M. Sig.—Dessertspoonful in water every three hours.

FOR PHTHISICAL COUGH.

℞. Morphia sulphatis . . gr. iij.
Tinct. hyoscyami . . ʒj.
Acidi hydrocyanici dilut. . ʒss.
Syr. yerba santa . . ℥iv.
M. Sig.—One teaspoonful in water when necessary.

DIARRHŒA.

℞. Tinct. opii deod. . . . ʒij.
Tinct. cinnamomi . . . ʒiss.
Acidi sulphurici aromat. . ʒiss.
Vini portense . . . ℥iss.
M. Sig.—One teaspoonful in water every two hours.

EPIDIDYMITIS.

℞. Tinct. veratri viridi . . ʒj.
Vini colchici rad. . . . ʒij.
Ext. phytolacca . . . f ʒv.
M. Sig.—Thirty drops in water every three or four hours.

HÆMATURIA.

Dr. William G. Ring (Buffalo Medical Journal) recommends—

℞. Morphia sulph. . . . gr. ij.
Acidi tannici . . . ʒj.
Glycerini . . . . ℥j.
Aqua menth. pip. . . ℥j.
M. Sig.—One teaspoonful four times a day.

FATTY HEART.

Professor Da Costa frequently prescribes—

℞. Strychnia sulphatis . . gr. 1/60.
Ferri sulphatis . . gr. xij.
Ext. taraxaci . . . gr. xviij.
M. Ft. pilulæ No. xii.
Sig.—One pill after meals.

PITYRIASIS VERSICOLOR.

℞. Hydrarg. bichlor. . . gr. iij.
Alcoholi dilut. . . . ℥ss.
Aqua . . . . . ℥iij.
M. Sig.—Apply externally three times a day.

THERAPEUTIC MEMORANDA.

The following items, which are taken from my note-book, have been of such use to me that I am led to think they may furnish useful hints

to others as well. Few of them are original, but have been derived from all possible sources and have been utilized by me to a greater or less extent:—

Tonics should be administered with certain alteratives when given for long periods of time; for instance, quinine with mercury; cod-liver oil with iodide of potash; and iron with the various salines.

Emetics are not given enough. Effects upon the liver and intestinal tract are often more obtainable in this way than by any other.

The diarrhœa of phthisis is usually relieved by a pill of g. terebinth, cupri sulph. and opium.

The best treatment of engorgement of bronchial mucous membrane is to keep the bowels open.

The best respiratory stimulants are ammonia, atropia, strychnia, ipecac., and squills.

Expectorant.—Eth. sulph., gtts. v–x every three or four hours.

Pruritus (general).—Potass. brom., grs. x, potass. liq. gtts. x, three or four times daily.

Lumbago.—Potass. cit., grs. xx ter die with hypodermics of morphine and atropia.

Salines act better after physiological doses of calomel.

The action of quinine is increased by half drachm doses of bitartrate of potash.

Belladonna or bromide of potash often prevents the disagreeable effects of iodide of potash.

Alcohol helps the organism to tolerate large doses of quinine.

The addition of alcohol to croton oil renders the latter less irritating, but none the less effective.

Chorea.—F. E. cimicifuga in gradually increased doses.

Columbo checks colliquative diarrhœa and relieves irritability.

Senega for the bronchitis and emphysema of old people. Balsams act best in chronic diseases of the bronchial mucous membrane.

The secretion of urea is increased by sod. salicyl., sod. benzoat, colchicum, and hydrarg. bichloride, as well as by the salts of potash.

Salines have an increased cathartic effect if given in a concentrated form, withholding all liquids.

Iodine is one of the best antisuppurative remedies. It has been used with success in typhoid fever and pneumonia.

Calomel, one-half grain, is said to relieve dryness of tongue in six hours.

Tonsillitis.—Local applications of bicarbonate of soda.

The cough of phthisis is often relieved by remedies which act upon the liver.

Counter-irritation of the neck, over course of pneumogastric nerves, will often relieve asthma.

Arsenic is one of the best tonics in chlorosis and the anæmia of women.

A saturated solution of sod. bicarb. best relieves pain of cautery burns.

Acids best relieve phthisical dyspepsia.

Chloroform increases the secretions.

Chloral hydrate or chloroform water in painful affections of the stomach.

Grain doses of ipecac. act as a hepatic stimulant.

The pains of spinal irritation are often relieved by arsenic.

Vaseline is much used for conjunctivitis.

Caffeine slows the action of the heart, increases the amount of urea, and decreases the amount of albumen excreted.

Salicin will often relieve dysmenorrhœa. It is of great value in tonsillitis and muscular pain.

Phlegmasia Dolens.—Opium with alterative doses of calomel.

Epilepsy.—A hypodermic of morphine will often abort a paroxysm.

Sick-Headache.—A hot foot bath with a fifteen-grain dose of chloral.

Hoarseness.—Tr. guaiac am., ten drops on sugar every half-hour. Steam inhalations.

Facial Neuralgia.—Tr. gelsem. three drops every half hour. Salicylate of soda.

Weak Heart.—Tr. stramonium and tr. digitalis, of each ten drops, three times daily.

Lead Paralysis.—Large doses of strychnia.

Diarrhœa (in teething children).—Infusion of chamomile—Columbo.

Regurgitation (of infants).—Calomel, gr. j; aq. Oj; teaspoonful every fifteen minutes.

Eructation, Pyrosis, and Fermentation.—Ac. carbol., gr i–ij, in mint water.

Inhalations of steam impregnated with oil of peppermint is almost a specific in relieving painful affections of the throat.

Calomel is one of the very best remedies in many of the acute diseases of children; the latter are so very tolerant of the drug that it is almost impossible to salivate with laxative doses. Its antipyretic effects and its sedative action upon the intestinal tract are fully appreciated only by those who have used it.

The value of carbonate of ammonia in the respiratory diseases of children is not fully recognized. It should be given in large doses, well diluted with milk.

Ovarian pain is best relieved by belladonna, arsenic, valerianate of zinc, and carbonate of iron.

Muriate of ammonia relieves congestion of the pelvic viscera.

Permanganate of potash in two-grain doses is an excellent emmenagogue for strumous subjects. —J. J. BERRY, M.D., in *New England Medical Monthly*.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, June, 1886.

DR. NATHAN SMITH DAVIS.

THE Executive Committee of the Ninth International Medical Congress are to be congratulated upon the wisdom of their choice in electing Dr. N. S. Davis to fill the vacancy in the Presidency of the Congress occasioned by the death of Dr. Austin Flint, Sr. Dr. Davis is a truly representative American physician, and more than any other living man enjoys the confidence and esteem of the whole American medical profession. He has been engaged in the active practice of his profession for over fifty-two years, during thirty-seven of which he has been prominent as a medical writer, teacher, and lecturer.

Two years ago he completed his great work on the Principles and Practice of Medicine, which is the most practical and comprehensive treatise that has been written on the subject of practical medicine. He has been the editor of the Journal of the American Medical Association since its establishment, and he is still Professor of the Principles and Practice of Medicine and of Clinical Medicine in Chicago Medical College, one of the largest medical colleges in the United States.

Although he has passed the allotted years of three-score and ten, he is still zealous in the discharge of his manifold duties, and as earnest in his endeavors to advance the welfare of the profession at large as when he assisted at the organization of the American Medical Association.

In the eloquent language of Dr. Henry F. Campbell, recently President of the American Medical Association,* "He labors now as he labored two-score years ago, well entitled to the honored name of 'father.' No one of the sons of this association can excel him in watchfulness for its interests, in tenacity for its honor, in unceasing labor for its advancement. No neophyte or tyro is he in its affairs; he presided at its birth, nursed it through infancy and childhood, was the guide and counsellor of its manhood, and now in its ripe maturity, watches its progress, faithfully guards its good name, and is the laborious chronicler and promulgator of its intelligence. Too full of the meekness of wisdom to be elated by praise, too worthy of praise to be defiled by flattery, and among all the living, standing foremost in the duration and constancy of his devotion, I could almost ask you to allow me, by virtue of the authority with which I am invested, to bid him stand, as sovereigns had their subjects kneel, and dub him with the ensign and the title 'Noblest Roman of us all.'"

* The President's address, delivered April 28, 1885, before the Thirty-sixth Annual Meeting of the American Medical Association, by Henry F. Campbell, M.D.

THE INTERNATIONAL MEDICAL CONGRESS.

WHATEVER doubts may have been entertained as to the success of the Ninth International Medical Congress have been removed by the harmony and marvellous unanimity of the proceedings of the American Medical Association at St. Louis. The threats which had been made that the association would be compelled to bow to the will of an autocratic coterie proved to be as vain and idle as the summer wind. The report of the Committee on Organization of the Congress was received and adopted without a dissenting voice, and the thousand delegates who had assembled from every section of the United States unanimously pledged their efforts to make the Congress a brilliant and memorable one.

The work of preliminary organization is nearly completed. At a meeting of the Executive Committee of the Congress in St. Louis on May 3d, Dr. N. S. Davis, of Chicago, was unanimously elected to succeed the late Dr. Austin Flint, Sr., as President of the Congress. This action will meet with the cordial approval of the entire American medical profession, to whom Dr. Davis has become endeared by his exertions and solicitude for its welfare. Dr. John B. Hamilton, Supervising

Surgeon-General of the United States Marine Hospital Service, was elected Secretary-General of the Congress, to fill the position made vacant by the election of Dr. Davis to the Presidency.

The remaining vacancies in the Presidencies of the Sections were filled at the same meeting by the election of Dr. James F. Harrison, Chairman of the Faculty of the University of Virginia and Professor of Medicine, Obstetrics, and Diseases of Women, as President of the Section of Gynæcology; Dr. J. H. Callender, Professor of Physiology in the Nashville and Vanderbilt Universities, Tennessee, as President of the Section of Physiology; Dr. A. B. Palmer, Professor of Pathology and Practical Medicine in the University of Michigan, as President of the Section of Pathology; and Dr. E. Williams, of Cincinnati, as President of the Section of Ophthalmology.

As it was evident that the subjects of Otology and Laryngology could not conveniently be considered in the same section, the committee decided to assign a separate section to Laryngology, of which Dr. William H. Daly, of Pittsburgh, Pa., will be the president, and Dr. William Porter, of St. Louis, Mo., secretary. Dr. Daly is well known as one of the ablest laryngologists in the United States. His contributions to the literature of that department are numerous and valuable. He was the first to point out that hay fever is due primarily to a local chronic affection of the nasal and naso-pharyngeal mucous membrane, upon which the exciting irritating cause acts, and that the recurring attacks will cease when the local disease is cured. Dr. Daly is not a narrow specialist, however, but a cultivated physician in large general practice. Dr. Porter is one of the editors of the Weekly Medical Review, one of the best medical journals in America, and is widely and favorably known for his excellent work in general and in laryngological practice.

Dr. Henry O. Marcy, of Boston, was transferred at his own request from the Presidency of the Section of Collective Investigation, Nomenclature, Vital Statistics, and Climatology, to the Vice-Presidency of the Section of Gynæcology. The vacancy occasioned by this transfer was filled by the unanimous election of Dr. Albert L. Gihon, M.D., U. S. N., Washington, D. C., who is eminently qualified to fill the position.

The Executive Committee announce that a second circular, embodying the rules and details of the Congress, and a complete list of the officers of the various sections will be issued at an early day.

"A SIGNAL EVENT."

UNDER the above caption, in the February number of THE BULLETIN, for 1882, we took occasion to speak editorially of the initial number of "The International Encyclopædia of Surgery," edited by Professor John Ashhurst. It is therefore meet that we should, on the reception of the sixth and last volume, again call the attention of our readers to the merits of this great work. We now state that—

(1) It has pushed itself into the front rank as an authority, as evidenced by its being so frequently quoted by surgical writers both in this country and in Europe.

(2) The large circulation of the first volume has been steadily maintained by the succeeding ones, proving an appreciation of their contents by the profession highly complimentary to the distinguished gentlemen whose names are appended to the subjects chosen for their elaboration.

(3) The wide range in the domain of surgery which it includes stands unrivalled.

(4) The vast learning and research put forth by each author, where required in illustration, demonstrate a conscientious desire to instruct and enlighten that deserves more than a passing notice.

(5) The work has added greatly to our literary reputation in a national sense, and conclusively shows what our country can do and does in the field of surgical thought.

(6) The emphatic indorsement by THE BULLETIN of the first volume is given to all the series.

To those who are ignorant of the labor entailed in the editing of a work like the one under revision, it seems a pleasant pastime. But to those who are familiar with the labor it

was a huge undertaking, and we very much doubt if, among all the distinguished medical writers in our country, one better fitted to edit and bring the book to a successful conclusion than Professor Ashhurst could have been selected. For nearly six long years has he steadily worked with the view of placing before the world the best thoughts of the foremost surgical writers of the age. The painstaking care, the thorough research exhibited, the pure diction—masterly in its English—which are so patent in its pages, and given us so much pleasure and instruction, are the work of a master hand. We speak from a personal knowledge when we say that in preparing the different papers for the printer there was not a line or sentence that escaped the close scrutiny of the editor; and we hazard the assertion that if there are errors they are few and far between, for among his many accomplishments Dr. Ashhurst is well known as a thorough proof-reader, and that he attends to that department as conscientiously as he does to his classical sentences. The contributors to the work should certainly feel grateful for the correct style in which their articles are produced—so free from the blemishes which often mar the best thoughts, and which are not seen until after printing. At least THE BULLETIN feels grateful for this valuable acquisition to its library, and can point proudly to it as a literary monument to one who has gained the high distinction of producing a book beyond the pale of criticism.

Of the enterprising publishers, Messrs. William Wood & Co., of New York, it is but just to say that they have put forth the work in an exceedingly handsome manner. It is printed on type with a clear face, and the make-up is very good. The illustrations are numerous and well executed. The binding is substantial, and the paper on which the book is printed is of good quality. Indeed they have performed their part in a perfectly satisfactory manner.

JANUARY AND FEBRUARY (1886) NUMBERS OF THE MEDICAL BULLETIN WANTED.—Any subscriber sending copies of these numbers to 1217 Filbert Street, Philadelphia, Pa., will have his subscription advanced two months for each number received by us.

THE PREVENTION AND TREATMENT OF MAMMARY INFLAMMATION.

THERE is no more painful or trying ordeal in a physician's experience than when he is called to a case of mammary inflammation which threatens to terminate in suppuration. The pain of the disease is atrocious, but the mental pain, the dread, the anxiety of the patient is still more agonizing, and is sometimes so intense as to induce an attack of puerperal mania.

There is no disease, however, that is more amenable to treatment, provided it be instituted early and conducted by a skilful and energetic hand. Mammary inflammation, as usually seen, is due to engorgement of the glands from retention of milk. This retention may be due to neglect of putting the child to the breast early, or to inability of the child to empty the breast either from weakness or congenital deformity, or from the imperfect development of the nipples of the mother. It is due most frequently, however, to the death of the child.

The treatment varies with the cause. If the child is living and able to nurse, a prompt saline cathartic should be administered to the mother, in order to produce free watery evacuations, and lessen the formation of milk for the time being. At the same time the breasts should be gently rubbed from the periphery towards the centre with any bland oil, in order to relieve the congestion of the lacteal ducts by promoting the outflow of milk. As soon as the breasts become somewhat soft under this manipulation, and some milk can be expressed from the nipples, the child should be applied to the breast at intervals, or the breast-pump used occasionally, until full relief is obtained.

If the child, however, be dead, or unable from palatine deformity or any other cause to nurse, an endeavor should be made to prevent the formation of milk to any amount, by covering the breasts with belladonna ointment, and securing free catharsis for two or three days by the administration of various salines. This treatment will be found effective in the great majority of cases. The production of milk is largely influenced by the demand. If there

be no demand on the part of the infant, or otherwise, and if the natural tendency to vascular fullness of the gland be counteracted by the production of free catharsis, the secretion of milk will be small.

If this treatment fail, however, or if the patient is not seen until the glands are hot, hard, and swollen, the temperature high, the pulse bounding and the pain excessive, the best external application is a bladder of ice, or a cloth dipped in ice-water, as recommended by Dr. Hiram Corson, of Norristown, Pa. For internal administration there are two remedies which are especially valuable, veratrum viride and phytolacca. They may be given separately, but are almost specific when given in combination. The following formula, if given before suppuration has ensued, will invariably relieve pain, and induce resolution in a short time:—

℞. Tinct. veratri viridi . . 3j.
Ext. phytolacca . . . f3v.
Aqua . . . . . 3vj.

M. Sig.—One teaspoonful in water every two hours.

Free purgation should also be produced by the administration of five grains of calomel, followed in two or three hours by a saline cathartic. When suppuration has occurred a free incision should be made at once, and the pus evacuated.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

THE annual meeting of the American Medical Editors' Association was held May 3d in the St. Louis Press Club. The President, Dr. H. O. Walker, of Detroit, Mich., delivered an eloquent and thoughtful address on the responsibilities of the medical editor.

Drs. William Brodie, W. C. Wile, and F. L. Sim were then appointed a committee to nominate officers of the association for the ensuing year. After a brief recess they reported as follows: President, Dr. J. V. Shoemaker, Philadelphia; Vice-President, Dr. Dudley Reynolds, Louisville, Ky.; Secretary, Dr. William Porter, St. Louis, Mo. The nominees were unanimously elected, after which the meeting adjourned to the elegant and spacious dining rooms of the Press Club, where a sumptuous banquet had been provided by the St. Louis Medical Press and Library Association.

THE AMERICAN MEDICAL ASSOCIATION.

NOTWITHSTANDING the harmony and unanimity of the proceedings of the American Medical Association at St. Louis, it appears that the Philadelphia and New York specialists are still bent upon exciting discord in the association, and still determined to prevent, if possible, the successful assemblage of an International Medical Congress on American soil. Their worst endeavors, however, will be as futile in the future as in the past. Their threats will only react upon themselves. They entertain a false idea of their own greatness. They are not indispensable to the community, or to the practitioners of medicine, or to the Congress itself. As the subjoined editorial from the Medical and Surgical Reporter truly says, they have created all the disturbance, by trying to ruin that which they could not control, but all their efforts have resulted and will continue to result in ignominious failure:—

"It is simply wonderful with what pertinacity our esteemed contemporary, the Medical Record, continues to view the existing professional unpleasantness through partial eye-glasses. In its issue of May 15th, it says:—

"'A PERMANENT SPLIT IN THE AMERICAN MEDICAL ASSOCIATION.

"'Now that the American Medical Association has finished its session, and its members have dispersed to their homes, there must come to all a period of calm reflection. Such reflection can hardly fail to show that the association has committed another serious error, and one from which it will not soon recover. We refer to the arbitrary refusal to admit the Philadelphia delegation. This delegation was the only one sent by the Philadelphia County Medical Society, it was duly accredited, and its rejection was a piece of injustice and folly so monumental, as to make one wonder if the gods had not infused some mad frenzy into the minds of the Judicial Council. The immediate result of this act will be to alienate the profession of

Philadelphia from the association, and the sympathies of a very large majority of the profession not attached by political ties to the association will go with them.

"'For it is again demonstrated that the American Medical Association has fallen into the hands of political managers whose unskilfulness and stupidity are so astounding that we feel inclined to commiserate more than condemn.

"'No doubt the American Medical Association believes that it can get along quite well enough without the coöperation of the leading physicians of Philadelphia, New York, Boston, and Baltimore, etc.; but without them it can no longer call itself a national or representative body.

"'The American Medical Association will continue to live, and, we trust, will thrive; but it is permanently divided, and will, we fear, never again represent the whole American profession.'

"It is hardly fair or correct to speak of a split, when only a few fibres are carried away; it would be more correct to say a shave, or a scrape. The American Medical Association is to-day more united than it ever was, and it has lost the allegiance only of those who 'got mad' because they could not control. We cannot help but see that the action of the Judicial Council was eminently proper in the case of the alleged delegation from the Philadelphia County Medical Society. There were two sets of delegates before them; one set had been regularly and legally nominated, but they were not elected; the other set had been elected, but, and this is a big BUT, they had not been legally nominated, and, as such nomination is, according to the constitution and by-laws of the society, a *sine qua non* of a legal election, every unbiased mind must hold that they were not legally elected. Hence the clear position, which we foreshadowed in our issue of March 27th, was that the Philadelphia County Medical Society had no legally-accredited delegates, and that the society was not entitled to recognition. Like the famous 'Kilkenny cats,' our representatives have torn themselves to pieces.

"The 'whole row' from beginning to end has been made by a few men, who, as we have before said, were willing to try to ruin that which they could not control. We have great respect for these few men, among whom are to be found some of the greatest men in our profession, but we cannot have respect for or sympathy with their revolutionary methods of obtaining control. We have been asked by those who questioned our oft-repeated statement of the absolute supremacy of the American Medical Association, whether we would consider it right, no matter what it did, and we have answered, and we do still answer unhesitatingly, yes. In all bodies where the majority rules, the majority must be right; the right of the majority to rule the minority is the basis of all good government, and when the minority revolt forcibly against the majority they are rebels, revolutionists, and anarchists. If successful, as we were in '76, they are heroes, but none the less they are rebels, simply because they rebel.

"The Medical Record gives us the side of the specialist; let us turn to the other side, and we will present it in the words of a correspondent from Arkansas. He says: 'I could not help feeling sorry for the Roberts-Agnew delegation, from Philadelphia, at the meeting of the American Medical Association at St. Louis—they were so mercilessly sat down upon by the association, and most justly so. The specialists, in my judgment, who have been raising such a professional muss, have to make up their minds to "eat crow," or, like Othello, their occupation will be gone; for they are dependent for their business, to a very large extent, upon the "general practitioner" or "family physician," and in their present attitude to organized medicine they cannot expect to receive recognition from the rank and file of the profession. As we have before remarked, "a word to the wise is sufficient.'"

THE WEEKLY MEDICAL REVIEW.

THE enterprise of the Weekly Medical Review in publishing a daily bulletin of the proceedings of the American Medical Association cannot be too highly admired or commended. The gentlemen who compose its editorial staff have evidently determined to place it in the foremost ranks of American medical journalism, and to make it indispensable to every practitioner of medicine in the Southern and Western States.

CORRESPONDENCE.

ACONITE AS A TÆNICIDE.

EDITOR OF THE MEDICAL BULLETIN.

Dear Sir: I notice in the May number of your journal, on page 156, "Aconite as a Tænicide." I wish to state that in 1868 I accidentally used extract of aconite in making a mixture for the family of a patron whose children were afflicted with worms. I intended the extract of senna as a laxative, but by mistake used the extract of aconite. My mixture consisted of about this to the dose: ℞. Santonin, grs. ij; ext. pink root, gtts. x; ext. aconite (I intended senna), gtts. x; oil wormseed, gtts. v; simple syrup, one teaspoonful three times a day. I became alarmed next day, when I discovered the error, and went hastily to his house to see about the mixture, but before I had time to enter into an explanation, he informed me I had given him the best bottle of vermifuge he had ever had, remarking that worms were coming away from all of them freely—four children ranging in age from five to fourteen. I will say that the dose was reduced to suit the age, teaspoonful for the oldest, and from ten to thirty drops to the others. I informed him of my mistake, but continued the mixture with the same effect.

I have since used aconite in the form of the tincture and the extract as a vermifuge, and have found it always to be a very useful ingredient in mixtures. I have never used the extract aconite alone, but intend to do so the first opportunity.

Aconite may prove to be one of our best remedies for worms, as it is for a number of other diseases.

Respectfully,

J. R. SEATON, M.D.

SENATOBIA, MISS., May 20, 1886.

MEDICAL NEWS AND MISCELLANY.

DR. D. D. RICHARDSON has removed to No. 3204 Chestnut Street.

DR. WILLIAM M. CAPP has removed to No. 1715 Spruce Street.

DR. ROBERT O. KEVIN has removed to No. 1318 South Fifteenth Street.

DR. EDWARD W. REICHART has been appointed Professor of Physiology in the University of Pennsylvania.

DR. GEORGE L. PEABODY has been appointed to the Professorship of Materia Medica in the College of Physicians and Surgeons, New York.

DR. CHARLES T. SCHONDELMEIER, one of the most estimable physicians of New York City, was married on April 29th to Miss Margaret H. Patterson.

DR. ANDREW NEBINGER, one of the oldest and most esteemed physicians of Philadelphia, died on April 12th, at his residence, No. 1018 South Second Street.

DR. HENRY LEFFMANN gave a private stereopticon exhibition of the works of noted artists to a number of professional friends, at the Pennsylvania College of Dental Surgery, on May 14th.

DR. W. S. FORBES, Demonstrator of Anatomy for several years in Jefferson Medical College, has been elected to the chair made vacant by the resignation of Professor William H. Pancoast.

RUSH MEDICAL COLLEGE.—Professor Norman Bridge, M.D., formerly Professor of Hygiene, and Adjunct Professor of the Principles and Practice of Medicine, has been elected Professor of General Pathology.

GEORGE N. POWERS, M.D., has been appointed Professor of Ophthalmology and Otology in the Medical Department of the University of California, to fill the vacancy occasioned by the recent death of Professor A. M. Wilder, at San Francisco.

A BRILLIANT reception was given by the Penn Club on May 15th to Dr. W. S. Forbes, Professor elect of Anatomy in Jefferson Medical College. Professors Theophilus Parvin and J. G. Holland, of the College Faculty, and many prominent members of the profession were present.

THE MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA has elected the following officers for the ensuing year: President, Dr. J. M. Toner; First Vice-President, Dr. J. W. Bulkley; Second Vice-President, Dr. George Byrd Harrison; Secretary, Dr. Lachlan Tyler; Treasurer, Dr. S. S. Adams.

THE annual commencement of the University of Pennsylvania was held in the Academy of Music on May 1st. The degree of Doctor of Medicine was conferred on one hundred and eighteen graduates by Dr. William Pepper, Provost of the University. Dr. Joseph Leidy delivered the valedictory address.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION has elected the following officers: President, Dr. F. Donaldson, Baltimore; Vice-Presidents, Dr. V. Y. Bowditch, Boston, and Dr. Roland G. Curtin, Philadelphia; Secretary and Treasurer, Dr. J. B. Walker, Philadelphia. Dr. F. C. Shattuck, of Boston, was elected an additional member of the Council.

THE FORT HILL PRIVATE HOME AND TRAINING SCHOOL FOR FEEBLE MINDED CHILDREN is admirably situated near Ellicott City, Md. It is under the personal supervision of Dr. Samuel J. Fort, a physician of large experience, and offers the combined advantages of a home and training school, under the watchful care of an earnest and sympathetic physician.

THE AMERICAN SURGICAL ASSOCIATION has elected the following officers for the ensuing year: President, Dr. Hunter McGuire, Richmond; Vice-Presidents, Dr. T. F. Prewitt, St. Louis, and Dr. J. W. S. Gouley, New York; Secretary, Dr. J. R. Weist, Richmond, Ind.; Recorder, Dr. J. Ewing Mears, Philadelphia; Treasurer, Dr. P. S. Connor, Cincinnati. Members of the Council, Dr. Hunter McGuire, Richmond, Dr. John S. Billings, United States Army, Dr. L. McLane Tiffany, Baltimore, Dr. R. A. Kinloch, Charleston, and Dr. Moses Gunn, Chicago. Dr. H. H. Mudd, of St. Louis, and Dr. Joseph Ransohoff, of Cincinnati, were elected members, and Sir William MacCormac, of England, and Dr. Henry J. Bigelow, of Boston, honorary members. The next meeting will be held in Washington, on the second Wednesday of May, 1887.

THE TENNESSEE STATE MEDICAL SOCIETY has elected the following officers: President, Dr. W. T. Briggs, Nashville; Vice-Presidents, Dr. J. W. Penn, Humboldt, and Dr. J. W. B. Nowlin; Secretary, Dr. Ambrose Morrison, Nashville; Treasurer, Dr. Richard Chèatham, Nashville. The following is a list of the committees appointed for the ensuing meeting: Committee of Arrangements, Dr. W. G. Ewing, Chairman, Dr. C. C. Mitchell, Dr. R. A. Hardin, Dr. J. L. Watkins, Dr. J. A. Draughon, Nashville. Committee on Credentials, Dr. W. L. Nichol, Chairman, Nashville; Dr. G. B. Thornton, Memphis; Dr. A. B. Tadlock, Knoxville. Committee on Necrology, Dr. Thomas Lipscomb, Chairman, Shelbyville; Dr. Thomas Menees, Nashville; Dr. J. E. Black, Memphis; Dr. F. Bogart, Sweetwater; Dr. J. M. Boyd, Knoxville. Committee on Publication, Dr. Ambrose Morrison, Chairman, Dr. C. S. Briggs, Dr. Deering J. Roberts, Dr. J. H. Callender, Dr. J. A. Draughon, Nashville.

A HIGHLY PRAISED DIURETIC.—The treatment of dropsy with Apocynum Cannabinum (American Indian hemp), by no means to be confounded with cannabis indica, was lately the subject of an interesting paper read by Dr. Andrew H. Smith before the New York Academy of Medicine, in the Section of Materia Medica and Therapeutics. This plant is indigenous in America, and has long been used and prized for its diuretic properties. Dr. Rush called it "the vegetable trocar." Dr. Mott used it, but thought it too active for any but sthenic cases. In 1869 attention was redirected to it by Dr. Harvey Jewett, of Canandaigua, N. Y., who, "as a tonic and diuretic," regarded it as more efficient in the cure of general anasarca and in removing the accumulation from serous sacs, than all other remedies known to the profession. In atonic cases he recommended small doses at short intervals. A rapid cure was the result in his hands where there was not incurable organic disease. The drug has a place in the Pharmacopœia of the United States, in the form of powder of the root and a tincture prepared from this (see Martindale and Westcott's Pharmacopœia). But Dr. Jewett used a decoction made with one drachm of the bark of the fresh root to eight ounces of water; of this the dose was half an ounce every six hours. In 1875 Dr. Hutchins related a case of general anasarca, with pleurascites, and œdematous lungs, with extreme dyspnœa, face cyanotic, and mind wandering. All diuretics had failed, and it seemed unwise to annoy the patient with further treatment; but as a *dernier ressort* the apocynum was tried, and the quantity of urine was raised from between six and twelve to thirty ounces, and the urgent symptoms were relieved. The drug evidently deserves attention, and to have its action and uses defined.—*London Lancet.*

THE SURGEON-GENERAL OF THE ARMY.—*Dear Sir:* Our British friends, who have, especially in recent months, manifested so kindly an interest in the medical profession of the United States, ought, above all things, to be accurate in their statements. We read on page 756 of the issue of the British Medical Journal, of April 17, 1886, in the announcement of the fifty-fourth annual meeting of the British Medical Association, to be held at Brighton, August 10-13, 1886, that "An Address in Medicine will be delivered by Surgeon-General John S. Billings, M.D., Director-General United States Army, Medical Department, Washington."

It is incomprehensible that a journal, which is the official organ of a great National Association, could have been misled as to the fact that the Surgeon-General of the United States Army is Brigadier-General Robert Murray, one of the most distinguished officers of a corps, which has more than one distinguished member, especially distinguished both as a physician and as a surgeon.

General Murray entered the army in 1846, was commissioned assistant surgeon-general on December 14, 1882, and has been surgeon-general of the army since November 23, 1883. The official reports of the surgeon-general's office of the army have all, since that time, been issued over his signature and by his act, and consequently a periodical of the character of the British Medical Journal ought not to have been ignorant of the personality of an officer of such prominence.

Dr. Billings was number forty-four on the roster of the medical corps for January, 1886, and number twenty-seven on the list of "surgeons with the rank of major," having only entered the service in 1862, and is on duty at the Medical

Department as one of the six assistants (not assistant surgeon-general, this officer being Colonel Glover Perrin, another veteran practitioner, and surgeon of nearly forty years' service, not unknown to fame). The misstatements in this case only deserve correction on account of the injustice done in ignoring an officer of the professional reputation of Surgeon-General Murray.—ACCURACY, *Journal of American Medical Association.*

NASAL CATARRH.—In the pathology and treatment of nasal catarrh and catarrh in general, the profession, as well as the general public, has been vastly benefited by recent investigations. When I say recent, I mean to include the last decade. However simple we have been accustomed to regard catarrh, or cold in the head, by the fathers of medicine, we have now become convinced, by actual statistical knowledge, that it is one of the most formidable, as well as universal disabilities of the human family.

Without going into lengthy details, we are satisfied for the present by simply stating our personal experience, and suggesting some of the remedies best calculated to furnish speedy and permanent relief, that is, for the time being, for no one who has had anything to do with this very common malady will pretend to deny its predisposition to frequent returns in this variable climate.

I look upon the disease as purely a neurosis, and capable of being controlled only when, by proper medication, you quiet the irritation of the general nervous system, and thereby quiet the peripheral trouble.

I fully concur in Dr. Lee's views in his paper before the Harveian Society of London, as quoted by Dr. C. H. Hughes, in the Review of April 10th, and, like Dr. Hughes, I wish to extend all this class of neuroses to irritation reflected to central ganglia from peripheral nerves, and not by any means confined to simple coryza.

Now as to the treatment. Nothing could be more rational than that suggested by the paper above referred to. But we need something more. The old adage of "feed a cold and starve a fever," when you come to make it apply to this class of disorders may not only be untrue, but positively absurd.

I have seen patients in recent attacks, who, in following out this misleading idea, had stuffed themselves not only with food, but stimulants as well, and consequently brought on a fit of indigestion, and consequently an aggravation of all the symptoms. My plan is, when I find this state of things, to first relieve the stomach of its burden by an active emetic, if need be, and then give a full dose of opium with the bicarbonate of potash, or, maybe, the bromide of potash. The valerianate of morphia acts well in some cases of peculiarly nervous temperament. Then, if the coryza is very annoying, use, as a snuff, one drachm subnitrate bismuth to two grains muriate morphia, *ad lib.*, until the unpleasant discharge ceases.

If the system is run down, after the urgent symptoms are relieved, the patient should be put upon a good tonic treatment, such as quinine and the mur. tinct. iron, or gentian and iron. This constitutes the principal part of the treatment, and does away with a good deal of gratuitous advice about change of flannels, visiting watering places, etc.—JOHN W. TRADER, M.D., *Weekly Medical Review.*

ATTACKS OF DYSPNŒA RESEMBLING ASTHMA DUE TO PRESSURE BY A FATTY TUMOR, AND CURED BY OPERATION.—During September, 1884, I was summoned to attend a lady in the country for a supposed case of "spasmodic asthma." The husband came in haste for his family physician, and, finding him absent, came to my office in a very excited state of mind, and told me that in the absence of his physician he wanted me to see his wife as soon as possible, stating that she was having one of her old attacks of asthma, and that he had fears of her death. I, of course, responded to the summons as promptly as possible. On entering the house and approaching the bedside, my attention was at once arrested by the peculiar breathing of the patient. It was of that peculiar hissing sound so characteristic of membranous croup. I then made a brief inquiry into the history of the case, and was informed by the mother of the patient that these attacks were of very frequent occurrence, and that she had been suffering for about five years with "shortness of breath," as she termed it. She also stated that her attacks were becoming more frequent and her breathing more embarrassed, more especially at night. The husband added that he had scarcely any sleep at night, on account of having to attend to his wife. He also added that if she would remain in just one certain position she could sleep without any trouble. I then asked whether she had been taking any kind of medicine, and the mother showed me two vials containing two different medicines—one of which contained tincture of lobelia and the other Fowler's solution of arsenic. The former was directed to be taken when the attacks came on, and the latter before each meal.

After hearing the history of the case as well as the peculiar breathing of the patient, I felt satisfied in my own mind that the breathing was not of an asthmatic character, but that, on the contrary, it was suggestive of some obstruction along the trachea. With these considerations on the present aspect of things, I at once desired the removal of all the clothing from about the patient's

neck, in order that I might be able to examine and ascertain the cause of her hard breathing. While the mother was thus carrying out my directions to make the neck bare for an examination, the patient turned her head over to one side, as if by accident, and at once stopped her loud breathing and remarked that she felt somewhat better.

This at once clinched my diagnosis; but I proceeded to examine the neck, and, to the surprise of all in the room, I found a fatty tumor situated at the margin of the clavicle and under the sterno-cleido-mastoid muscle. Although buried very deeply, and situated under the margin of this muscle, I could feel it very distinctly and move it about with a very small amount of pressure with my fingers. I then turned the patient's head, by way of experiment, and found, to my full satisfaction, that the tumor was the whole cause of the supposed asthmatic attacks and loud breathing.

Satisfied with my diagnosis, I of course advised an operation for the removal of the growth. After much talk and persuasion I finally got her consent to operate.

Upon my next visit, accompanied by my friend Dr. H. C. Beckett, of Scottsburg, Virginia, I enucleated, with its capsule or sac, the tumor. It was about the size of an ordinary turkey's-egg. The patient stood the operation well, and she has now entirely recovered her health and is quite free from her supposed asthma.

She has given birth to one child since the operation, and she remarked to me when I last saw her, that she suffered less in her last pregnancy than in any one of the previous four. She also remarked that she was then enjoying better health than she had for more than ten years. The tumor had developed slowly, as lipomas usually do. It is quite probable that the asthmatic attacks were produced by irritation of some branch of the pneumogastric nerve by the gradually increasing mass.

I made a brief synopsis of this case and reported it to the Virginia Medical Monthly last August. But since that time increasing interest in the case has prompted me to rewrite it, as an illustration of the necessity of a correct diagnosis and its relations to rational treatment.—B. C. KIESTER, M.D., *Philadelphia Medical Times.*

A NEW REMEDY IN CYSTITIS AND LITHIASIS —PICHI (*Fabiana Imbricata*).—So short a time has elapsed since this remedy was offered to the medical profession that a report on its use may seem premature. But so long as the report is confined to a simple statement of facts, leaving the reader to judge of the influence the medicine may have had in bringing about the results, no one need scruple at the evidence.

The first case in which I used the fluid extract pichi was early in January, when my attention was called to the drug by Dr. J. E. Clerk, the chemist of this city. A Mr. G., æt. 23 years, who contracted gonorrhœa a year or more ago, and who had stricture of the urethra, which I found necessary to divulse a few days before Christmas. A copious hemorrhage from the deep urethra followed the operation, and a few days later severe vesical tenesmus disturbed the patient so that sleep and appetite vanished. All the symptoms of typical cystitis speedily developed. Morphine, belladonna, hyoscyamus, and alkalies were used internally and by the rectum for a week, without materially modifying the symptoms. So irritable did the bladder become that it would not retain urine longer than from five to fifteen minutes. I now began the use of the fluid extract of pichi in fifteen-drop doses in water once in three hours. The tenesmus and pain began to decline after twenty-four hours, the mucus and pus also to diminish in quantity, and at the end of the week the bladder would retain its contents three hours without causing the patient any inconvenience.

This patient has now, March 8th, fully recovered. I think the cystitis was of traumatic origin, —the harsh manipulation of the vesical mucous membrane with the divulsing apparatus. Thompson's instrument was the one used.

Mrs. F., æt. 21 years, miscarried two years ago. Since then had not been well enough to do her work. She had backache, leucorrhœa, and also rectal and vesical tenesmus. The uterus was lacerated to the depth of one-eighth of an inch on the left side of the cervix. There was marked ectropion of the lining of the cervix uteri. I thought a plastic operation closing the fissure in the cervix would cure her, and I put her under chloroform and operated in December last. She improved for a couple of weeks after the operation in all her symptoms except the vesical tenesmus; this remained the same, and gradually became worse, so that I was obliged to make another study of her case during the last week in January. The urine contained mucus and pus, was alkaline in reaction, and precipitated the phosphates in such quantities that the latter part of the stream in urinating was white as milk. She had exhibited an idiosyncrasy against the use of opiates before I subjected her to the operation for lacerated cervix, so that I did not attempt to get the virtues of those drugs, but put her at once on fifteen-drop doses of the fluid extract of pichi, combined with one drachm of simple elixir. Her bladder I washed out daily with a one per cent. solution of cocaine muriate, which controlled the pain admirably. The urine speedily exhibiting the odor of the pichi, became acid in reaction, and held the phosphates in solution. She has made a good recovery in the

place of what threatened serious progressive invalidism.

Mr. B., æt 25 years, who had been afflicted with cystitis in former years, but had not suffered any symptoms of that disease for more than a year, came under my care at Harper Hospital for the cure of fissure in ano. Under chloroform I paralyzed the sphincter by stretching it with my thumbs. While he was under the influence of the anæsthetic, I explored his urethra with a No. 12 (American) sound, meeting with no resistance or impediment to the easy passage of the instrument into the bladder. Two days after this very gentle manipulation of the urinary tract (for I don't think the operation on the sphincter could have caused it) he began to pass turbid urine and to have vesical tenesmus. One grain opium suppositories had in the mean time been used in the rectum three times a day, easing his pain, but not changing the character of his urine. Pichi was now resorted to, and all symptoms of cystitis soon disappeared. At date he continues in hospital, resting for the cure of his anal fissure.

Mrs. ——, æt. 27, had chronic cystitis, due to neglected retention of urine, following accouchement. She had overflow before the catheter was used to relieve her. I found it necessary to divulse her urethra to insure thorough evacuation of her bladder. It was very irritable after the operation. Pichi, combined with fluid extract hyoscyamus, controlled the painful symptoms and gave the bladder the physiological rest essential to a cure.

Mr. H., æt. 71 years, had been getting up nights to pass urine for the last five years. Ten months ago he found he could not empty his bladder, and was compelled to call a surgeon to use the catheter. A severe chill followed, and he was very sick for two months, having the catheter used every day. He learned to use it himself, and continued to use it daily until last February, when he had another chill, and his left testicle swelled and inflamed. He was too sick to use the instrument. I was summoned by his medical attendant in consultation, and opened a large abscess of the left testicle, and advised against further use of the catheter. His prostate was greatly enlarged. Opium and camphor suppositories relaxed the spasm of the prostatic muscles so that he got along without the catheter. His urine was heavily loaded with urates. Mucus, blood, and pus were present in abundance. He was put on fluid extract pichi, and continued its use for three weeks. He has made an excellent recovery.

I might enumerate numbers of cases of lumbago and sciatica in the course of which urates were precipitated from the urine in large quantities, and which recovered while the patient was taking the pichi. Combined with a potassium salt I have found it to act more quickly than any other remedy in bringing about a solution of the urates and relieving the rheumatic neuralgia so frequently associated with that unstable condition known as lithuria, phosphatism, etc. A formula I have often used is—

℞. Fl. ext. pichi . . . . ℥j.
Potass. nitrate . . . ℥j.
Simple elixir . . . . ℥iij.

M. Sig.—Teaspoonful once in two hours.

—Hal C. Wyman, M.D., *Therapeutic Gazette.*

Delusions, the Result of Intestinal Accumulations.—I propose to bring under notice the following case of mental delusion, dependent on intestinal accumulation, and its resulting reflex derangement:—

My patient, a lady, about fifty years of age, was brought to me with the following history. She had been married for twenty-nine years, and brought up a family of six children, all of whom were healthy; no miscarriages. Her general health had been remarkably good all through her married life; she had been a good wife, and an exemplary mother. She had passed the change of life without any marked nerve-derangement. Her family history was good; no traces were discoverable in it of mental derangement, or of serious hereditary disease.

About a year ago she began to lose appetite and flesh; her skin became harsh, dry, and yellowish in tinge; her digestive powers became greatly impaired; once or twice there had been some vomiting of blood, and a troublesome dry cough had developed itself. These symptoms led, on the part of her family, to a fear of consumption, which fear was dispelled by a medical examination. Remedies, however, failed to relieve her symptoms; and, about eight months ago, mental delusions began to show themselves. These at first took place invariably at night, and were, from first to last, of one class only—namely, that connected with taste and smell.

At first, two or three times a week, and of late nightly, the patient would complain that some one was burning sulphur or phosphorus in the room. She would get up frequently to search the room for a man, who, she supposed, was smoking. She became impressed with the idea that her husband and children produced these smells, in order to annoy her, and, if possible, to kill her; and twice she had left the house, and remained away for days, in order to rid herself of her supposed persecutors. The smells, however, followed her wherever she went, and she came to believe herself the victim of a widespread conspiracy. About this time she began to refuse food, alleging that it contained poison, and that she could distinctly taste arsenic and sulphur in everything that was prepared for her. She ac-

cused the grocer, the milkman, the baker, and the butcher, of attempts to poison her, and communicated her suspicions to the police.

When brought to me her condition was as follows: She was much emaciated, and disinclined to talk, had a stupid and spiritless aspect, a cachectic look of the skin, yellowish conjunctivæ, etc. She made no special complaint, other than of the conduct of her friends. The bowels were said to be regular. The urine was thick, depositing lithates in abundance; no albumen or sugar. Examination of the special senses and of the chest resulted negatively. Inquiries about the abdomen elicited the fact that a sense of weight and of movement had latterly been much complained of, and I determined on making an examination of the part. On inspection, a curious state of matters became apparent. The position of the transverse and descending colon was occupied by a large elevated ridge, and the movements of the smaller intestine were distinctly visible through the thin abdominal walls.

It is scarcely necessary to add that the elevated ridge was produced by an immense collection of hardened feces, which it took several days, with the aid of spoon-handles, injections of glycerine, castor-oil, hot water, and the free use of mild aperients, to remove. The first scybalum passed was so large and hard, that it actually once seriously occurred to me to place the patient under chloroform, and extract it with Simpson's short forceps.

It is now six weeks since the accumulations were removed, and in that time the patient has increased wonderfully in weight. She eats well and sleeps well, and, most satisfactory of all, not a trace of her delusions remains. Her friends declare that she is in better mental and physical health than they have known her to be for the last ten years.—Dr. A. E. Bridger, *British Med. Journal.*

Banquet to the Association of the American Medical Editors.—There assembled at the St. Louis Club, Monday evening, as the guests of the Medical Library and Press Association, the following-named gentlemen:—

Drs. H. O. Walker, Detroit; M. F. Coomes, Medical Herald, Louisville; J. V. Shoemaker, Medical Bulletin, Philadelphia; J. J. Mulheron, Medical Age, Detroit; A. L. Fulton, Kansas City, Medical Record; Thomas H. Hawkins, Denver, Medical Times; Leartus Connor, American Lancet, Detroit; W. W. Jaggard, Chicago Medical Journal and Examiner; Frank Woodbury and George H. Rohé, Philadelphia Medical Times; William C. Wile, New England Medical Monthly, Newtown, Conn.; Richard J. Dunglison, College and Clinical Record, Philadelphia; W. M. Carpenter, Medical Record, New York; D. W. Yandell, American Practitioner and News, Louisville; F. L. Sim, Mississippi Valley Medical Monthly, Memphis; N. S. Davis, Journal American Medical Association; D. T. Smith, American Practitioner and News, Louisville; J. Deering Roberts, Southern Practitioner, Nashville; Thomas Summers, Florida Medical and Surgical Journal, Jacksonville, Fla., John S. Marshall, Archives of Dentistry, Chicago; J. Taft, Dental Register, Cincinnati; F. L. James, A. H. Ohmann-Dumesnil, and F. M. Rumbold, St. Louis Medical and Surgical Journal; John G. Harper, Archives of Dentistry; H. M. Whelpley, National Druggist, St. Louis. Besides these gentlemen, directly connected with the medical press, the following distinguished guests were present: Dr. William Brodie, the President of the American Medical Association; Drs. J. M. Toner, Washington, D. C.; Henry O. Marcy, Boston; William H. Pancoast, Philadelphia; Moses Gunn, Chicago; John B. Hamilton, Surgeon-General U. S. M. H. S.; Walter W. Wyman and S. T. Armstrong, U. S. M. H. S., Dr. Octerlony, and others.

The members of the Medical Press and Library Association were present in full force.

The President of the Medical Press Association, Dr. William Porter, delivered the following address:—

Gentlemen of the Association of American Medical Editors: It has been my pleasant duty to greet you in the name of the Medical Press Association of St. Louis. You have honored us with your presence at our table, and by that token we are friends; we are engaged in the same work, and in our labors we are brothers.

In nature the all-powerful forces are silent ones. Among men, and especially among medical men, the most potent influences are also silent.

The books upon our shelves are rays of light from the bright lives of men whom we never saw. The records of the experience of others noiselessly mould and shape our own actions, till we have a strange commingling of that which we have read, combined with and colored by that which we have seen.

So it is, gentlemen, that an assembly of medical editors is a force—a mighty power—capable of exerting an influence which may not be easily estimated.

To be called to the chair of a medical university or college is a distinction which many have greatly desired; but while the professor speaks to scores of doctors that are to be, you, gentlemen, address each week or month hundreds or thousands of physicians in active practice, men who are themselves centres of influence and power.

In union, in organization, there is strength. Here, in the acknowledged directors of current medical literature, is a power which harmonized

and organized, I hesitate not to say, is the controlling power of the profession of to-day.

See to it then that this force be rightly applied, that it be not the fitful wind or the swaying tide, but constant, persistent, and unyielding in upholding the honor and dignity and progress of our loved profession.

I congratulate you, gentlemen, that you are all in accord with the spirit of our great and grand National Association. It is needful that this should be. In the deliberations of the American Medical Association are formulated principles which it is yours to take, present to, and urge upon your readers.

Your journals connect the national head with the individual members of the great and legal body of American physicians.

Of this body of giant frame and varied membership, it has been said that the brain is situated near the rising sun. Location or causes to us unknown seem to have developed a hydrocephalic tendency, which we may well treat by counter-irritation, compression, or absorption.

Meanwhile you are the back-bone, each one a vertebra of strength.

In conclusion, we have placed before you this evening food for the inner man, to signify our appreciation of that mental pabulum which we have received during the year that is past, through the medium of our exchanges.

Dr. I. N. Love was elected toast-master, and presented quotations from Shakespeare, which were responded to by Drs. N. S. Davis, William Brodie, J. M. Toner, W. H. Pancoast, H. O. Marcy, J. B. Hamilton, J. V. Shoemaker, W. C. Wile, and J. M. Carpenter.

Many others responded happily, especially Drs. Summers, Woodbury, Mudd, Todd, Yandell, Reynolds, and Gunn.—*The Daily Bulletin of The Medical Review.*

The Treatment of Acute Rheumatism.—Dr. P. M. Latham (British Medical Journal) says: In gout, uncomplicated with contracted kidney or albuminuria, salicylic acid is often of service. But it is in acute rheumatism that it shows its special power, acting truly, when properly administered, as a distinct specific. Here is a disorder which, under different treatment, may exist for weeks stationary, so to speak, in its intensity, the great heat and nervous and vascular excitement, and pain and swelling exactly of the same amount to-day as they were weeks ago; a disorder which, less than fifty years ago, was said to be "often such in itself, and such in its appalling incidents, as to need, from time to time, that medicine should put forth the full compass of all its powers. Every organ or system of organs, which either directly or indirectly can receive the impression of the remedies are, from time to time, called to bear all that they can possibly endure; and it is often only when the powers of medicine are pressed even to the verge of destroying life that life is saved."

And now, with or without the administration of a purgative, as the occasion requires, the patient is placed fully under the influence of salicylic acid, and in from forty to sixty hours, not unfrequently in a shorter time, the pains in the joints have subsided, the limbs can be freely moved, and the bodily temperature has reached the normal condition. But more than this—and here the remedy shows its signal power—in no case of rheumatism that has come under my care during the last six years, either in hospital or in private practice, has there been developed, where the heart was previously sound, any cardiac complication, such as endocarditis or pericarditis. If this can be maintained and insured, we have, indeed, in our hands a most potent remedy. Cardiac complications constitute the chief danger in acute rheumatism, and the danger, if the disease is taken in hand soon enough, may, with our new remedy, be averted.

But certain conditions must be observed to insure success in the administration of the remedy. They are as follows:—

First. The true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialyzed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.

Secondly. Give the acid without any alkali or base. A very good form is to mix one hundred grains with fifteen of acacia powder and a little mucilage. Allow the mass to stand and harden, and then divide into thirty pills.

Thirdly. Place the patient fully under the influence of the drug—that is, let him have sufficient to produce cerebral disturbance—that is, buzzing in the ears or headache, or slight deafness; with the development of these symptoms, the temperature and the pain in the joints will begin to decline. To an adult, I generally administer three doses of twenty grains (six pills) at intervals of an hour, and, if the head remain unaffected, a fourth dose at the end of another hour; and then repeat the twenty grains every four hours, until the physiological effect of the remedy shows itself. In the majority of cases from eighty to one hundred grains are enough. In severe cases, one hundred and forty to one hundred and fifty may be required. Afterwards, about eighty grains a day are sufficient; and, as the temperature declines, smaller quantities will develop their physiological effects, sixty or even fifty grains being then sufficient to produce cerebral disturbance. It would appear that, as long

as the rheumatic poison is circulating in the system, the physiological effect—that is, the effect it produces in the healthy organism—does not show itself; acting as an antidote, the greater the amount of poison, the larger must be the dose of the remedy; but as soon as the formation of the *materies morbi* is stopped, then the excess of the remedy acts as it would in the healthy organism, and its peculiar physiological effects are developed. It is a very striking illustration of the difference between the therapeutic effect of a remedy and its physiological action.

Fourthly. Give the patient from forty to eighty grains daily for ten days after all pain and pyrexia have passed away.

Fifthly. Let the patient's diet consist entirely of milk and farinaceous food for at least a week after the evening temperature has been normal. On the other hand, if the patient have meat and soup, you may look forward with fair probability to a relapse.

Sixthly. Take care to maintain a daily and complete action of the bowels. Calomel is the best purgative, from two to five grains at night, followed in the morning, if necessary, with a saline draught. This is the most important adjuvant to the action of salicylic acid, and I will presently explain to you why this is the case.

Seventhly. Let the patient be enveloped in a light blanket, and with no more bed clothes than are sufficient to keep him from feeling cold. The object of the treatment now is to cool the patient—not, as in former times, to sweat the poison out of him; and the cooler he is kept the sooner will the temperature be lowered. In fever, increased heat increases the metabolism, just as in a cold-blooded animal.

These are the seven rules upon which I act. I have given the true salicylic acid where there have been both aortic and mitral mischief; and I have also given it in rheumatism complicated with pericarditis, and, as yet, I have seen no bad result from it. Of course, in cases of pericarditis accompanied with delirium, the use of the remedy requires caution; you cannot tell when the system is saturated with the remedy and you must therefore trust to smaller doses and other means for controlling the disease. Further, if pericarditis or endocarditis, pneumonia, or pleurisy, have been developed, the remedy is powerless over the mischief which is done; it will neutralize the poison producing the mischief, so as to stop its extension; but the inflammatory exudations will undergo their usual changes, unabbreviated in their course. We see the same thing in tonsillitis. Given early enough, salicylic acid will stop the mischief; but, if exudation of lymph have taken place, salicylic acid is powerless to cause its absorption.

I have referred to the necessity of keeping up daily and sufficient action of the bowels. The benefits resulting generally in rheumatism, from the so-called purgative plan of treatment, have always been recognized by the older physicians as striking and satisfactory. By the judicious use of cholagogue purgatives, we eliminate the bile from the intestines, and so remove from the system a quantity of glycocine, which, if re-absorbed, would lead to the consequent formation of uric acid. Calomel is unquestionably of service here. Doubts may exist as to whether it promotes the flow of bile from the liver or not; but when the bile gets into the intestine, calomel will cause its evacuation. Referring to the three modes of treatment—by venesection, by opium, and by purgatives—which were in vogue at the time, Dr. P. M. Latham says, with regard to the last: "As the plan of treatment works prosperously day after day in its immediate effects, so day after day it gives an earnest of the remedial impression it is exercising upon the whole disease. It abates the fever, it softens the pulse, it reduces the swelling, and it lessens the pain. In short, it subdues the vascular system like a bleeding, and pacifies the nervous system like an opiate; and often, in the course of a week, the acute rheumatism is gone. In three days, there is often a signal mitigation of all the symptoms; and in a week I have often seen patients, who have been carried helpless into the hospital, and shrieking at the least jar or touch or movement of their limbs, rise from their beds, and walking about the ward quite free from pain.

"Of this plan, often so striking in its operation, and often so satisfactory in its results, I have some further remarks to make. It is called the purgative plan; yet its purpose is achieved by calomel and purgatives conjointly. The purgatives would not answer the end without the calomel; of that I am quite certain; neither would the calomel answer without the purgatives, unless it produced of itself ample evacuations from the bowels. It is probable, in short, that the remedial efficacy of the plan resides essentially in the calomel; in calomel, however, not as mercury, but as itself—calomel. If the specific effect of mercury—salivation—arise, it is not only beside our purpose, and against our wish, but it begets a serious hindrance to the use of calomel in sufficient quantity for the end in view. Thus the whole plan is frustrated. Having began one plan of treatment, we are obliged to take up with another. Time is lost, the case is perplexed, the disease is prolonged, and the patient perhaps injured." . . .

"Now, if in the treatment of acute rheumatism, you were to choose one indication and abide by it, and were to trust one class of remedies, and to it only, you will find more cases that admit of a readier cure by the method now described, than

by either of the two former. You will find the aggregate of morbid actions and sufferings, which constitute the disease, more surely reached and counteracted, and more quickly abolished by medicines operating upon the abdominal viscera only, than by those which influence either the bloodvessels only, or the nerves only. You would find in calomel and purgatives, a better remedy than either venesection or in opium."

In the earlier attacks of gout, too, I have often seen marked relief follow the administration of calomel and a saline cathartic. Where there is high arterial tension, as in the gouty paroxysm, this may be distinctly lowered by these remedies. They check the further formation of uric acid, which is stimulating the vaso-motor centre, and causing the increased arterial tension, by eliminating the bile from the intestines. In some persons, calomel has a depressing effect, and, when the kidneys are unsound, is injurious in its action. Where calomel is inadmissible, a gentle laxative, such as rhubarb, is often of service. When the object is simply to unload the bowels in a debilitated subject, it is the best purgative. It is said to act chiefly by increasing the peristaltic action of the bowels throughout their entire extent, but especially that of the duodenum. According to Rutherford it is a cholagogue. Sir Henry Halford recommended, as a prophylactic remedy against gout, a few grains of rhubarb, with double the quantity of magnesia every day; or some light, bitter infusion, with tincture of rhubarb, and about fifteen grains of bicarbonate of potash.

The saline cathartics probably act only by causing serous evacutions, and in that way carry off from the blood some of the poison contained in it. They may also act beneficially, perhaps, by relieving the congested liver.

The diet is another important point to be attended to in the treatment both of gout and rheumatism. It should be simple and nutritious; jellies and food containing gelatine should be avoided, as this substance furnishes glycocine. Animal food will not, itself, produce uric acid in a healthy system, as is shown in its absence in the urine of the carnivora; but from all kinds of meat a certain amount of glycocine will be produced, and, even if all the rest of the nitrogenous portion, after being absorbed into the system, were converted into urea, this would necessitate an increased elimination of urea, and consequently a greater tax on the powers of the kidneys. If these powers be weakened, there will be, with an increased call upon the organs, less power to act; and not only will the urea, but, still more, the uric acid, accumulate in the blood. The striking benefit and increased urinary secretion, which result in some forms of albuminuria from a skimmed-milk diet, that is the simplest of all diets, very well illustrate what I mean here. The presence of urea in the blood may, by its action on the nerve-centres, determine an increased blood-supply to the kidneys, and so, in a healthy state of things, an increased secretion; but, if the secretory portion be damaged, or the nerve-force controlling it defective, an increased flow of blood to the part, producing a congested condition of the organ, would not expedite, it would rather hinder, the work of the secretory portion. The simpler the diet, then, the less tax there will be upon the kidneys, and the better they will do their work. Let the diet, then, be chiefly farinaceous, with just sufficient nitrogenous food to satisfy the wants of the system; and, in the acute attacks, let that be in the form of milk, diluted even, if necessary.

The explanation which I have here offered of the symptoms of a gouty paroxysm, helps us to understand the beneficial action of colchicum in this disorder. According to Dr. Lauder Brunton, this drug paralyzes the sensory nerves, the motor nerves and muscles being unaffected. It seems to act best when the bowels are previously acted upon. If in gout, then, uric acid during the paroxysm be stimulating the sensory nerves, and, through them, the more active portion of the vaso-motor centre, and we paralyze the sensory nerves with colchicum, the uric acid no longer produces its effect, and the paroxysm ceases; but the colchicum has no effect in preventing the formation of uric acid, and, after the paroxysm, we must endeavor to prevent its recurrence by putting a stop to the formation of the poison, which we may effect by eliminating the bile from the intestines by mercurial or other purgatives, by giving benzoic or salicylic acid, and by suitable diet. In large doses, colchicum will cause purging, but marked symptoms of collapse supervene, so that it is not safe to administer the remedy in this way.

AMERICAN MEDICAL ASSOCIATION. — The thirty-seventh annual session of the American Medical Association was held in Exposition Music Hall, St. Louis, on May 4, 5, 6, and 7, 1886. Over one thousand delegates were in attendance, and the entire proceedings were of the most harmonious character.

The opening of the session was formally announced by Le Grand Atwood, M.D., Chairman of the Committee of Arrangements, after which the President, William Brodie, M.D., was conducted to the chair.

Prayer was offered by the Rev. Montgomery Schuyler, D.D., and the address of welcome was delivered by the Hon. D. R. Francis, Mayor of St. Louis.

Drs. N. S. Davis, J. M. Toner, T. G. Richardson, and D. W. Yandell, the attending ex-presidents of the association, were invited to seats on the platform.

The protests, which were entered against the admission of the delegates from the Philadelphia County Medical Society, the New York Academy of Medicine, the Davidson County (Tennessee) Medical Society, the Tri-State Medical Association, and the Mississippi Valley Medical Association, were referred to the Judicial Council.

Dr. William Brodie, the President, then delivered an interesting and instructive address, in which he reviewed the history and achievements of the American Medical Association, and after referring to the failure of the attacks which had been made upon it during the past year, urged the adoption of several measures which would increase the sphere of its usefulness. He recommended that the association approve of the bill now before Congress, providing for an investigation into the cause and the possibility of the prevention of yellow fever, and suggested that the resolutions recommending the employment of the metric system be rescinded. He also recommended the formation of a Section on Dermatology and Syphilis. He denounced the indorsement of proprietary medicines by physicians as discreditable, and recommended that the Secretaries of Sections be made permanent, subject to removal on the recommendation of the Section. Dr. Brodie concluded by reviewing the action of the association in reference to the International Medical Congress, and after expressing his approval of the work of the Enlarged Committee, urged the necessity of a united effort to make the Congress a brilliant success.

On motion of Dr. J. H. Murphy, of St. Paul, the thanks of the association were tendered to the President for his address, and its recommendations were referred to a special committee for consideration.

Dr. John S. Lynch, of Baltimore, then reported on behalf of the Committee on Organization of the International Medical Congress, that the committee had nominated the officers of the Congress and adopted a series of rules for its government, and had transferred the work of further organization to an Executive Committee, composed of the President, Secretary-General, and Treasurer of the Congress, and the Presidents of the various Sections.

On motion of Dr. Gihon, of Washington, the report was received and adopted unanimously.

Dr. Henry H. Smith moved that the motion just passed be reconsidered, and Dr. Gihon then moved that the motion to reconsider be laid on the table. The latter motion was also passed unanimously.

Dr. J. H. Murphy, of St. Paul, Dr. A. L. Gihon, of Washington, and Dr. A. L. Garcelon, of Maine, were appointed a Committee on the President's Address.

The Nominating Committee was announced as follows: Arkansas, Dr. P. O. Hooper; Colorado, Dr. J. W. Graham; Connecticut, Dr. W. C. Wile; District of Columbia, Dr. J. W. Bulkley; Dakota Territory, Dr. J. B. Van Velsor; Florida, Dr. T. O. Summers; Georgia, Dr. J. W. Bailey; Illinois, Dr. J. E. Owens; Indiana, Dr. T. B. Harvey; Iowa, Dr. W. Watson; Kansas, Dr. C. V. Mottram; Kentucky, Dr. W. H. Wathen; Louisiana, Dr. Joseph Jones; Maine, Dr. Charles E. Webster; Massachusetts, Dr. E. W. Cushing; Maryland, Dr. G. H. Rohé; Michigan, Dr. H. O. Walker; Mississippi, Dr. P. W. Rowland; Missouri, Dr. G. F. Dudley; Minnesota, Dr. H. H. Kimball; Nebraska, Dr. W. M. Knapp; New Jersey, Dr. E. L. B. Godfrey; New York, Dr. E. S. F. Arnold; North Carolina, Dr. C. J. O'Hagen; New Mexico, Dr. W. R. Tipton; Ohio, Dr. H. J. Sharp; Pennsylvania, Dr. J. C. Lange; Rhode Island, Dr. H. R. Storer; South Carolina, Dr. R. A. Kinloch; Tennessee, Dr. Duncan Eve; Texas, Dr. J. F. Y. Paine; Vermont, Dr. A. T. Woodward; Virginia, Dr. G. B. McCorkle; West Virginia, Dr. G. W. Baird; Wisconsin, Dr. W. T. Galliway; United States Navy, Dr. W. T. Howard; United States Marine Hospital Service, Dr. W. Wyman.

The Address in Anatomy and Surgery was read by Dr. N. Senn, of Wisconsin.

Dr. A. L. Gihon read the report of the Rush Monument Association.

The Address in Obstetrics and Diseases of Women was delivered by Dr. S. C. Gordon, of Maine.

On motion of Dr. I. N. Quimby, an amendment providing for the establishment of a Section on Medical Jurisprudence, was passed.

The Committee on the President's Address presented the following report, which was adopted:—

1. That in the opinion of the committee it was proper and desirable for this association, without delay, to memorialize Congress in behalf of the pending resolution to appoint a scientific commission consisting of three members of the medical profession, to visit the habitats of yellow fever, with the view of determining the validity of the claims of Drs. Carmona and Freire, to have discovered the means of preventing or modifying the attacks of the disease.

2. The committee did not approve of the suggested recession from the recommendation of the use of the metric system.

3. That it heartily approves the suggestion of the President that the association, having created a Section of Medical Jurisprudence, shall further establish a Section of Dermatology and Syphilis.

4. It concurs with the President as to the wisdom of the provision that the several Sections shall elect their own officers from men of recognized authority and experience in special

Section work; and, further, in its opinion the efficiency of the Sections will be enhanced by a continuance from year to year of the Secretaries of said Sections.

5. It indorses the views expressed by the President respecting the Journal of the Association and of the exclusive proprietary interest of this association in the papers and reports made as part of the transactions.

6. The association should emphatically denounce the indorsement by certificate, advertisement, testimonial, or indirect approval of any form of proprietary remedies and appliances, and should instruct the Judicial Council to take action in all such cases without formal presentation of charges. That, in the words of the President, "the stigma of professional disgrace rests upon any regularly educated physician who allows his name to be advertised as indorser of any patent, secret, or proprietary medicine."

7. That it is desirable that the association appoint a committee at this meeting to consider the advisability of amending the organic law of the association by the establishment of branches, and report thereon at the next annual meeting.

8. It earnestly reëchoes the wish of the President that the members of the profession cordially coöperate in the effort to make the American Session of the International Medical Congress creditable to the country and attractive and instructive to the foreign members—sacrificing personal and private piques and disappointments in generous emulation to contribute to that success which has been unconditionally pledged in the invitation tendered to the foreign members of the Congress to meet in the United States.

The Nominating Committee then presented the following report, which was adopted:—

President.—E. H. Gregory, M.D., St. Louis.

Vice-Presidents.—Drs. E. H. Miller, Stillwater, Michigan; W. B. Welch, Fayetteville, Arkansas; William H. Pancoast, of Philadelphia; W. C. Wile, Sandy Hook, Connecticut.

Permanent Secretary.—W. B. Atkinson, M.D., Philadelphia.

Assistant Secretary.—J. Nevins Hyde, M.D., Chicago.

Treasurer.—R. J. Dunglison, M.D., Philadelphia.

Librarian.—C. H. A. Kleinschmidt, M.D., Washington, D. C.

Section of Practice of Medicine.—Drs. J. S. Lynch, Baltimore, President; J. B. Marvin, Kentucky, Secretary.

Section of Surgery.—Drs. H. H. Mudd, St. Louis, President; J. B. Roberts, Philadelphia, Secretary.

Section of Obstetrics.—Drs. S. M. Johnson, Kansas, President; W. W. Jaggard, Illinois, Secretary.

Section of Diseases of Children.—Drs. De Laskie Miller, Chicago, President; W. P. Lawrence, Secretary.

Section of Oral and Dental Surgery.—Drs. J. S. Marshall, Chicago, President; E. S. Talbott, Chicago, Secretary.

Section of Medical Jurisprudence.—Drs. I. N. Quimby, New Jersey, President; H. H. Kimble, Minnesota, Secretary.

Section of State Medicine.—Drs. G. H. Rohé, Baltimore, President; Walter W. Wyman, United States Marine Hospital Service, Secretary.

Committee on Necrology.—Dr. J. M. Toner, Washington, President.

Judicial Council.—Drs. N. S. Davis, Illinois; Hawkins Brown, Kentucky; William Brodie, Michigan; D. J. Roberts, Tennessee; R. C. Moore, Nebraska; T. A. Foster, Maine; James A. Gray, Georgia.

Trustees of Journal.—Drs. P. O. Hooper, Arkansas; A. Garcelon, Maine; L. S. McMurtry, Kentucky.

Time and Place of Next Meeting.—Chicago, first Tuesday in June, 1887.

Chairman of Committee of Arrangements.—Charles Gilman Smith, M.D., Chicago.

Dr. John B. Roberts subsequently tendered his resignation from the position of Secretary of the Section on Anatomy and Surgery. On motion, the resignation was accepted.

The reports of the Committees on the Collective Investigation of Disease and on Meteorological Conditions and their Relations to the Prevalence of Disease, were presented by Dr. N. S. Davis.

The report of the Committee on Cremation was read by Dr. J. M. Kellar, of Arkansas, and on motion, referred to the Committee on State Medicine.

The Address in Medicine was delivered by Dr. James A. Whittaker, of Ohio. The Address in State Medicine was delivered by Dr. John H. Rauch, of Illinois, in the course of which he recommended that the requirements for graduation in all medical colleges should be made to include four years' study and three years' attendance on clinical and didactic lectures.

Dr. J. M. Toner made the following report on behalf of the Judicial Council, which was received and adopted:—

In the case of the protest against the admission of delegates from the Tri-State Medical Society, your Judicial Council would respectfully report that, as the Constitution of the association recognizes delegates only from State societies and from such county and district societies as are in affiliation with their State societies, the Tri-State Medical Society not being in affiliation with such State society, its delegates are not admissible to seats in this association.

In the case of the protest against admission of delegates from the Davidson County Medical Society of Tennessee, the Judicial Council reported that after careful examination of all printed, written, and oral discussion, they had decided that sufficient evidence had not been presented to warrant them in denying registration to such delegates, but that the Council desired to admonish the said Davidson County Medical Society that it should put itself as soon as practicable, in affiliation with the State Society.

In the case of the protest against the admission of the Mississippi Valley Medical Society's delegates, the Judicial Council reported that the protest had been accompanied by no charges, and, therefore, the Council could take no action.

In the case of the protest against the Phila-

delphia County Medical Society, which, upon petition, was reopened to admit of the hearing of new testimony, the Council decided, after long and careful reëxamination, including evidence not before presented, that notwithstanding the fact that the delegates from this society hold documents usually held to entitle to membership, the methods employed at their election were of such an irregular character as to prohibit their being received. The Treasurer was further authorized to refund to delegates from this society any money which he had received from them as dues. The delegates thus excluded were referred back to their County Society for final action.

The address on Ophthalmology was then delivered by Dr. Eugene Smith, of Detroit.

The President then announced the appointment, as delegates to the European Medical Societies, of Drs. N. S. Davis, Chicago; William T. Briggs, Nashville; W. W. Dawson, Cincinnati; William H. Pancoast, Philadelphia; S. C. Gordon, Portland, Me.; Ephraim Cutter, New York; John V. Shoemaker, Philadelphia; Donald McLean, Ann Arbor; Eugene Smith, Detroit; B. A. Watson, Jersey City; William Brodie, Detroit; and L. H. Montgomery, Chicago.

Dr. H. O. Walker, of Detroit, was appointed delegate to the Ontario Medical Society, and Dr. William Brodie, of Detroit, delegate to the Canada Medical Society.

Dr. E. H. Gregory, the President-elect, was introduced to the association, and made a few appropriate remarks, after which the meeting adjourned.

In the Sections.—The meetings of the sections were well attended, and the following valuable papers were read either in full or in part:—

Section of Practice of Medicine, Materia Medica, and Physiology.—The Etiology of Disease, by Dr. A. C. Haven, Lake Forest, Ills.; Essential Vertigo, by Dr. L. Bremer, St. Louis, Mo.; The Physiology of the Circulation, by Dr. F. N. Huston, Rockland, Me.; Antipyretic Doses of Quinine in Typhoid Pneumonia, by Dr. O. T. Schultz, Mt. Vernon, Ind.; The Life and Labors of Pasteur, by Dr. O. T. Laws, Columbia, Mo.; The Diagnostic Value of Patellar Reflex in Diseases of the Nervous System, by Philip Zenner, St. Louis, Mo.; The Etiology of Dengue Fever, by Dr. J. W. McLaughlin, Austin, Texas; The Treatment of Cholera, by Dr. S. S. Todd, Kansas City, Mo.; The Therapeutic Value of Potassium Chloride, by Dr. A. J. Pattee, Boston, Mass.; The Clinical Aspects of Renal Cancer, by Dr. John A. Octerlony, Louisville, Ky.; Pneumatic Differentiation, by Dr. Herbert F. Williams, New York.

Section of Surgery and Anatomy.—A Case of Aortic Aneurism Treated by the Insertion of Wire into the Aneurismal Sac, by Dr. J. H. Ransohoff, Cincinnati, Ohio; Fibre or Spindle-celled Sarcomatous Tumors, by Dr. B. A. Watson, Jersey City, N. J.; Incision and Drainage of Lumbar Abscess, by Dr. Edmund Andrews, Chicago, Ills.; Amputation at the Hip-Joint for Disease of the Joint, by Dr. Donald MacLean, Ann Arbor, Mich.; Surgical Relations of the Ileo-Cæcal Region, by Dr. J. McF. Gaston, Atlanta, Ga.; The Proper Treatment of Penetrating Wounds of the Abdomen, by Dr. Henry H. Smith, Philadelphia; Some of the Complications of Strangulated Hernia, by Dr. R. Harvey Reed, Mansfield, Ohio; Hernia, and the Best Method of Cure, by Dr. Henry O. Marcy, Boston, Mass. How the Iliac Arteries Act as Valves upon the Venous Flow into the Inferior Vena Cava, by Dr. Charles A. Todd, St. Louis, Mo.; Digital Exploration of the Bladder, by Dr. William F. Belfield, Chicago, Ills.; Galvano-Caustic in Diseases of the Prostate, the Bladder, and the Urethra; The Treatment of Anal Fistula Associated with Phthisis, by Dr. E. E. Glover, Terre Haute, Ind.; Vertical Extension in Fractures of the Femur in Children, by Dr. J. M. Barton, Philadelphia.

Section of Obstetrics and Diseases of Women.—The Treatment of the Membranes in Abortion and Labor, by Dr. William H. Wathen, Louisville, Ky.; Some Observations on the Uterine Sound, with Especial Reference to its Use in Gynæcology, by Dr. W. W. Potter, Buffalo, N. Y.; A Remarkable Case of Congenital Absence of the Ostium Vaginæ and Delivery Through the Anus, by Dr. J. F. Y. Paine, Galveston, Texas; Perineal Lesions and Their Repair, by Dr. Henry O. Marcy, Boston, Mass.; Electrolysis in Gynæcology, by Dr. F. H. Martin, Chicago, Ills.; Puerperal Fever and the Early Pelvic Inflammations and Accumulations, by Dr. Willis P. King, Sedalia, Mo.; Employment of Antiseptic Vaginal Irrigation, by Dr. E. Gustave Zinke, Cincinnati, Ohio; The Pathology of Erosions (so-called) of the Os Uteri, by Dr. E. W. Cushing, Boston, Mass.

Section of Diseases of Children—Diphtheria, by Dr. J. M. Dunham, Columbus, Ohio; Treatment of Diphtheria, by Dr. DeLaskie Miller, Chicago, Ills.; The Non-Identity of Membranous Croup and Diphtheria, by Dr. J. M. Towles, Columbia, Tenn.; Why Diseases of Children Should be Made a Study by Themselves, by Dr. Mary H. Thompson, Chicago, Ills.

Section of Oral and Dental Surgery.—Pyorrhœa Alveolaris, by Dr. E. S. Talbot, Chicago, Ills.; Necrosis, by Dr. W. H. Atkinson, St. Louis, Mo.; A Superior Right Wisdom Tooth Discharged from the Nasal Passages, by Dr. John S. Marshall, Chicago, Ills; Transplantation of Teeth, by Dr. W. N. Morrison, St. Louis, Mo.; The Relation of Syphilis to Dental and Oral Surgery, by Dr. G. F. Lydston, Chicago, Ills.

Section of State Medicine.—Our Financial Relation to the Community, by Dr. Woods Hutchinson, Des Moines, Iowa; Purified as if by Fire, by Dr. G. S. Franklin, Chilicothe, Ohio.

Section of Ophthalmology, Otology, and Laryngology.—Retinoscopy, by Dr. Edward Jackson, Philadelphia; An Improved Perimeter, by Dr. E. Dibble, St. Louis, Mo; Practical Points in the Treatment of Diphtheria, by Dr. William Porter, St. Louis, Mo.; Pharyngo-Laryngeal Fibroma, by Dr. E. Fletcher Ingalls, Chicago, Ills.; Perforation of the Membrana Tympani as a Curative Measure in Labyrinthine Disease, by Dr. R. W. Bishop, Chicago, Ills.; A New Procedure for the Cure of Symblepharon, by Dr. Eugene Smith, Detroit, Mich.

BOOK REVIEWS.

The Principles and Practice of Medicine. By the late CHARLES HILTON FAGGE, M.D., F.R.C.P., Physician to, and Lecturer on Pathology at, Guy's Hospital; Examiner in Medicine in the University of London; Senior Physician to the Evelina Hospital for Sick Children, etc. Including a Section on Cutaneous Diseases by P. H. PYE-SMITH, M.D., F.R.C.S., Lecturer on Medicine at Guy's Hospital; Chapters on Cardiac Diseases, by SAMUEL WILKS, M.D., F.R.S., Physician to Guy's Hospital, and to the Royal Hospital for Children, London; and Complete Indexes, by ROBERT EDMUND CARRINGTON, M.D., Assistant Physician to Guy's Hospital, London. Vol. I. Philadelphia: P. Blakiston, Son & Co., 1886.

To American readers Dr. Fagge is well known through his exhaustive contributions on different subjects which have appeared in Reynolds's System of Medicine and other English reprints. He was a very voluminous writer, a constant contributor to the periodicals, and was for some years editor of Guy's Hospital Reports, furnishing much valuable matter to it. His most extensive literary work was the translation of Hebra on Diseases of the Skin, published in five volumes by the New Sydenham Society. Dr. Fagge was not a specialist, as his writings testify. He has written on many subjects in medicine from his personal experience, and his papers bear the impress of a powerful and cultivated mind. During the last twelve years of his life he was constantly occupied in preparing the volume before us, and it is sincerely to be regretted that he did not live to see its publication. However, able hands prepared the MSS. for the press. The first volume has as yet only been published. It is a large octavo of 1040 closely printed pages. The type used is long primer, with a handsome face, and presents a very pleasing appearance.

Now, having given our readers a slight sketch of the author and his book, it is proper that they should know somewhat of its contents, which can be seen by the following summary: It opens with an introductory chapter, defining disease, etc. Then follow the sections and their subdivisions, viz., GENERAL MORBID PROCESSES: Contagion, Fever, Inflammation, Tubercle, Tumors, Syphilis. SPECIFIC DISEASES: Typhus, Relapsing Fever, Enteric Fever, Scarlatina, Rötheln, Measles, Smallpox, Chickenpox, Ague, Dengue, Yellow Fever, Erysipelas, Diphtheria, Cholera, the Plague, Epizoötic Diseases affecting man. DISEASES OF THE NERVOUS SYSTEM: General Introduction, Affections of the Nerve Trunks, Affections of the Spinal Cord, Spinal Paralysis with Wasting of Muscles, Locomotor Ataxy, Disseminated Sclerosis, Diseases of the Brain due to Local Lesions of the Circulation, Local Organic Affections of the Brain, Chronic Affections of the Brain due to Diffused Organic Lesions, Inflammation of the Membranes of the Brain. NEUROSES: The Spasmodic Neuroses, the Paroxysmal Neuroses, Hysteria, Hypochondriasis, Psychoses, or Functional Disorders Affecting the Mind, Affections of the Nervous System produced by Poisons and by Heat. DISEASES OF THE RESPIRATORY SYSTEM: Affections of the Larynx, Obstruction of the Trachea, Symptoms and Signs of Pulmonary Affections, Bronchitis, Pneumonia, Pleurisy, Pneumothorax, Phthisis, Miliary Tuberculosis of the Lungs, Functional Diseases of the Respiratory Organs. All of the above subjects are treated most exhaustively, and contain a fund of laborious research and personal knowledge that will probably stamp Dr. Fagge's work as a fuller, more original, and elaborate text-book on medicine than any that has appeared. It will take a prominent position in our library simply on its merits, and that is the best indorsement we can give it. We therefore cordially commend it to the readers of THE BULLETIN.

Practical Human Anatomy. A working guide for Students of Medicine, and a Ready Reference for Surgeons and Physicians. By FANEUIL D. WEISSE, M.D., Professor of Practical and Surgical Anatomy, Medical Department of the University of the City of New York, etc., etc. Illustrated by 222 lettered plates, containing 321 figures. New York: William Wood & Co. 1886. Cloth, 8vo., pp. 456.

Professor Weisse has doubtlessly recognized a long felt want, which he has most successfully supplied. His book gives us the anatomy as we are accustomed to seeing it in the dissecting-room. It is essentially a topographical anatomy, and, while not destined to supersede Gray or the other text-books that are now used by the student, it is the most valuable adjunct to them that has yet been published. The book will be found to be of inestimable benefit to the more advanced student, particularly in aiding him in his dissections, and as a method of rapidly reviewing his knowledge prior to an examination. For the surgeon or physician it is of equal value, being essentially what the author claims for it, a ready reference book. The twenty-seven dissections are presented in three hundred and twenty-one figures, and too much cannot be said in favor of their faithfulness of representation, apart even from the artistically high merit they possess. The illustrations are on a scale sufficiently large to give a lucid idea of the parts they portray. It would be well for many of the authors who have of late years published illustrated works, to derive a lesson which they could not fail to learn from a perusal of this book. It can only be a source of regret to the student, that Professor Weisse has presented his reading matter in such a concise manner. While undoubtedly an advantage to one who merely wishes rapidly to refer to a work for a desired point, to the faithful worker it leaves a longing for more definite information from such a masterly source. The text is clear and large, and the book in all is one which is sure to increase in favor as it becomes more widely known.

COMMERCIAL NEWS.

Consummate.

The use of oxygen in therapeutics is no longer a doubtful experiment. Dr. Wallain's earlier reports were received with some question. The results of his experiments, extending through nearly a score of years, were so marked and unusual that they seemed incredible. But corroboratory evidence is now coming from so many competent and trustworthy sources that it cannot be longer gainsaid. There is no doubt but that oxygen has a wide field in therapeutics.

The Wallain Oxygen Apparatus Manufacturing Company, of New York (announced in our advertising columns), unlike some enterprises which are prominently advertised in these latter days, seems to have been called into existence to *meet* and *fill*, rather than to *create* a demand. Practitioners who desire to avail themselves of its benefits, now have the assurance that they can procure the necessary outfits of apparatus and chemicals for manufacturing their own gases from experienced and reliable manufacturers.

Gratulatory.

The Artificial Limbs manufactured by Geo. R. Fuller, of Rochester, N. Y., were pronounced first best in the U. S. Government competitive examination, have been adopted by the States of Virginia, Georgia, South Carolina, and Louisiana, are indorsed by the leading members of the surgical profession and recommended by thousands who are using them.

Verdant.

For unalloyed verdancy we think the following equals any case recently recorded. It is a *verbatim* copy, names and places only omitted:—

Dr. Isice B—— December 4th 1885.

Dear Friend you are a man that did cure meny people in this world now cure me to I hope you can I want to ask you weather you can give me any stuft to stop selfpalusion I did stop it but now it gose me off in the nite if you can give me eny thing to cure it send it as soone ase you can and a letter how to use it and what it cost and as soon as I got the stuft I will send youre money I did think if I can get it from somebody I can get it from you do as good for me ase you can if I can do a thing for you I will do it

Mr F— M—

Facetious.

In the February number of The Medical Bulletin the following lines appeared:—

"Little drops of water,
Little grains of milk,
Make the little doctors
Of Homœopathic ilk."

To which a correspondent of the Medical Record adds—

"Precious little bottles,
Sitting in a row,
Filled with potent liquid,
Known as H_2O.

"A drop of Mother Tincture,
Humble though it be,
Makes the tenth dilution
When poured into the sea.

"Of all the gulls delusive,
The greatest is to know
Where lies the healing power
In a drop of H_2O."

Prophetical.

I have given Peacock's Bromides a thorough test, and am pleased to state that after an experience of twenty-five years I have never found any remedy which acts so surely as this preparation does. I am sure that in the near future, especially in the treatment of the brain and nerves, it is destined to take the place of the older preparations, to the benefit of both physician and patient.

Fred. B. Wood, M.D.,
436 Broadway, Milwaukee, Wis.

Delusive.

Mr. Addison, in the House of Commons, three times attempted to make a speech upon a pending question, and each time stopped after uttering the words, "Mr. Speaker, I conceive." A witty member, after the third attempt, arose and remarked: "I regret exceedingly that my friend has conceived three times and has yet brought forth nothing. It is a manifest case of false conception."

Tonic.

Aletris Cordial (Rio) is, without doubt, an excellent Uterine Tonic. I am more than pleased with the satisfactory results produced by its use in cases of uterine troubles which have come under my observation. I regard it as an invaluable medicine. H. T. Cox, M.D.
Mobile, Ala.